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INFORMATION FOR CONTRIBUTORS / AVERTISSEMENT AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

The deadline for submission of articles for the next issue is September 12, 1983.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

La date limite pour en envoi à paraître au prochain numéro est le 12 septembre 1983.

FROM THE EDITORS

The past several weeks have provided time to reflect on the latest CHLA conference. The conference theme, rights and responsibilities for health information, was aptly chosen and reflected broader concerns voiced by many groups in society. All speakers presented rousing, thought-provoking views. Given the vast and problematic nature of the topic, speakers did not attempt to provide ready-made solutions. They did give much-needed views of health information from a variety of perspectives, however, including those outside the profession of librarianship. Selected conference papers are included in this issue; other papers will be published as they become available.

One striking aspect of the recent conference was the number of CHLA members new to the meeting. Many of these were hospital librarians from rural Manitoba, most of whom were attending their first conference. Their enthusiasm for the association and its activities, and their contribution of new ideas were a particularly enjoyable feature of the conference.

For the first time in its history, CHLA provided funding to subsidize involvement in the conference. The Manitoba Health Libraries Association (MHLA) has taken the lead in this endeavour by providing complete funding, including travel expenses, for two librarians from hospitals in remote areas of the province. Through its creativity, MHLA has set an interesting and very worthwhile precedent which could be adopted by other local chapters. The CHLA Board of Directors also provided partial subsidies for attendance at the MLA continuing education course, Teaching Skills for Library Educators. This will be the first step in developing qualified Canadian instructors for MLA courses and future CHLA courses. Both funding projects should be commended as they provide futuristic ideas for the continued growth and development of the association.

But enough of looking into the past. In the coming year, BMC will attempt to publish two theme issues on the following topics:

		Articles Due:
Pharmaceutical and Drug Information	v.5 #3	1 Nov. 1983
Coping with New Technologies	v.5 #4	20 Jan. 1984

Based on suggestions received by the editors, a list of tentative themes was presented at the Annual General Meeting. A "straw vote" was conducted at that time and strong support was voiced for almost all suggested topics. Again using editorial prerogative, we have selected the two themes which seemed most feasible. It is now up to you, the readers, to provide articles, bibliographies or suggestions which relate to these topics. As you can see, the theme issues have been deliberately scheduled for later in the year to allow sufficient time for articles to be written and submitted. We look forward to hearing from YOU!

DEBORAH BAILLIE
ASSISTANT EDITOR

BONITA STABLEFORD
EDITOR

FROM THE PRESIDENT

- BARBARA GREENIAUS
  President, CHLA

I hope that all of you who joined us in Winnipeg for the 7th Annual Meeting arrived home with happy memories of your time in Manitoba and with exciting new perceptions of the role of the librarian in the provision of health information.

It was a most successful conference by all measures. Responses from the membership about the program, the social events, the hotel, and the ambience, have all been positive.

Gerald Oppenheimer, our Medical Library Association liaison, was in Winnipeg for the meeting and, to quote from a recent letter, said that "the...meeting was well attended, well run and had a plethora of interesting speakers." I couldn't have put it more aptly.

The out-going Board met on Monday evening, June 13th, replete with the wine and cheese of the Winnipeg Art Gallery. Committee and chapter reports were heard; agenda items for discussion included a potential liaison with the United Kingdom Medical Health and Welfare Libraries Group, a depository for our Archives, and the Fifth International Congress on Medical Librarianship.

On Wednesday evening, June 15th, the Americans in attendance hosted a delightful party which brought the meeting to a fitting close. Patrick Brennen and his colleagues from the Dakotas did a wonderful job organizing the event. We were all moved by the warmth and generosity of our American friends.

The new Board met, once again well fed and refreshed, later on Wednesday evening. Our new Secretary is Sandra Langlands and our new Treasurer is Donna Dryden. Two new Directors have also been elected to the Board; Carol Morrison and Marilyn Hernandez. The Vice-President/President Elect is David Crawford and the Past President is Ann Nevill Manning.

The first item on the agenda was to extend our heartfelt thanks to those Directors retiring from the Board. Linda Solomon Shiff has managed our treasury conscientiously and capably for two years and the Association is now more financially secure than ever before in its past. Germain Chouinard fulfilled his Membership responsibilities with enthusiasm and we are still reaping the benefits of his hard work. Verla Empey, former Nominations & Elections Committee Chairman, has conducted a huge amount of Association business with great efficiency.

We are especially appreciative of Ann Manning's diligent work on behalf of the Association. Fortunately Ann will continue to offer her support to the Board for the coming year.

I feel that I am most fortunate to have assumed the position of President at this particular moment in the development of CHLA. With Ann on my right and David on my left, with this capable new Board around the table, and all those combined years of experience, I expect that we will have one of our very best years.

Plans have been made to have the October Board meeting in Winnipeg (not again!) and we all packed our briefcases with homework to be done over the summer. But first, a brief vacation - I hope that you enjoy yours!

UN MOT DE LA PRESIDENTE

- BARBARA GREENIAUS
  Présidente, L'ABSC

J'espère que tous ceux qui ont participé à la 7e assemblée annuelle à Winnipeg sont rentrés avec de bons souvenirs du Manitoba et une nouvelle perception du rôle des bibliothécaires dans la diffusion de l'information relative à la santé.

La rencontre a été un succès à tous points de vue et les réactions des membres tant au programme et aux activités qu'au logement et à l'ambiance ont toutes été positives.

Notre agent de liaison avec la Medical Library Association, Gerald Oppenheimer, était à Winnipeg à cette occasion et, comme il l'affirmait dans une lettre récente, "la réunion a accueilli de nombreux participants et tout un choix de bons conférenciers, et elle était bien organisée". Je ne saurais dire mieux.

Le Bureau de direction sortant s'est réuni lundi soir 13 juin après une excellente dégustation de vins et fromages à la Winnipeg Art Gallery. Des rapports de comités et de sections ont été présentés et l'ordre du jour englobait la possibilité de liens avec le Medical Health and Welfare Libraries Group du Royaume-Uni, la question d'un dépôt pour nos Archives et le cinquième congrés international de bibliothéconomie médicale.

Le mercredi 15 juin, les participants américains ont organisé une charmante soirée pour marquer la fin de la rencontre. Patrick Brennan et ses collègues des Dakotas se sont chargés des arrangements et nous avons tous été touchés par la chaleureuse générosité de nos amis américains.

Le nouveau Bureau de direction s'est réuni ce même mercredi, en fin de soirée. A la nouvelle secrétaire, Sandra Langlands, et la nouvelle trésorière, Donna Dryden, se joignaient deux membres nouvellement élues au Bureau de direction, Carol Morrison et Marilyn Hernandez. Le vice-président et président désigné est David Crawford et la présidente sortante est Ann Nevill Manning.

La réunion a commencé par l'expression de nos remerciements aux membres dont le mandat prend fin. Linda Solomon Shiff s'est acquittée de ses tâches de trésorière de façon consciencieuse et efficace pendant deux ans et la situation financière de l'Association est plus solide que jamais. Germain Chouinard a été un membre enthousiaste et nous continuons de bénéficier de ses efforts assidus. Verla Empey, qui a été présidente d'élection, s'est occupée de nombreux dossiers au sein de l'Association avec beaucoup de savoir-faire.

Nous sommes tout particulièrement reconnaissants du travail d'Ann Manning au sein de l'Association. Heureusement, le Bureau pourra compter sur son appui pendant l'année qui vient.

Je suis très heureuse d'assumer la présidence de l'Association à ce moment-ci de son évolution, surtout que je suis appuyée par Ann et David et par un nouveau Bureau de direction dynamique, qui compte de nombreuses annés d'expérience. Je prévois une année des plus fructueuses.

La réunion du Bureau en octobre doit avoir lieu à Winnipeg (encore un fois!) et nous avons tous différentes tâches à accomplir pendant l'été, après, bien sûr, de brèves vacances... Je vous en souhaite d'agréables!

HEALTH INFORMATION AND THE NEW TECHNOLOGY

- Dr. D. LeTouzé
Vice President, Research
Canadian Hospital Association

Introduction

Health care is an information-intensive enterprise. It both creates and utilizes information. The health care industry generates information in copious amounts on patient care as well as on institutional and non-institutional characteristics. In addition to this industry-generated data, scientific and medical research information increases exponentially over a relatively short period of time. Health care providers must develop a familiarity with this virtual explosion of information. The organization and management of all this information is one of the major tasks facing health care organisers today. The importance of information, however, goes beyond the health care field to include all of society. Information itself has become a commodity to be accumulated, analysed, organized and disseminated - even sold. Access to information has also become a right.

The rise in the importance of information is accompanied by developments in computer technology. The computer has had, and will continue to exert, an impact on human communication patterns - an impact as great as the invention of writing, of printing and of electronic transfer of symbols. The communications revolution continues to change our lives. This new technology will change the publishing industry as we now know it. It will change the way in which information is delivered, the way in which we manipulate data and the way in which we access information. The role of the librarian is crucial at a time when radical changes in information management are foreseen.

This paper discusses the communications revolution, the new technology and how all of us are being affected by it. Certainly, the discussion of the new technology is from a lay perspective, that is, as I understand it. Highlights of future changes are presented as are some of the challenges which face us. I want to describe for you the role of the Canadian Hospital Association (CHA). Some examples of how the CHA is designing its information systems in response to the new technology and users' needs are also presented. Finally, the role of the health librarian is discussed.

Just exactly what is this new technology and what are its implications? In 1979 Branscombe described a scenario which illustrates the magnitude of the impact of this new technology:

> A single glass fibre the diameter of a human hair has the capacity to carry the contents of 40,000 books from Washington, D.C. to Los Angeles in only one hour. In the future optical technology will increase the capacity from 40,000 books per hour to around one billion books per second on each optical channel.[1]

EDITORS' NOTE: An abbreviation of the Keynote Address presented at the 7th Annual CHLA Meeting, Winnipeg, June, 1983.

The implications are impressive and influence the storage, retrieval and dissemination of all different kinds of information. Future developments will permit the recording and storage of vast amounts of information which currently take up a great deal of expensive storage space. Information and its organization into special databases will be available from a variety of sources - not just libraries. Appropriate databases can be made accessible to the general public because of a technology which permits the merging of telephone, computer and television systems. Systems are interactive and not necessarily a one-way broadcast type system, allowing users to not only receive data, but also allowing them to manipulate data.

These innovations suggest changes in communications systems for organizations like the CHA. A description of the CHA, its objectives and its attempts to incorporate the new technology into its daily work are highlighted.

The Canadian Hospital Association

The CHA is a national independent federation of the provincial health and hospital associations and the Northwest Territories Hospital Association. The two main objectives of the CHA are to promote humane, efficient and integrated health care delivery services systems of the highest possible standard, and to represent the membership. The health care of Canadians is of prime concern to the CHA. To this end the CHA works to see that the most up-to-date information is available to its members and to Canadian hospitals. The components of the CHA's overall program include its representational role as well as its education programs, its publications and its research efforts. The educational program consists of five extension courses in which over 1,000 students are enrolled annually. Courses offered are: health services management, long term care organization and management, departmental management, health record technician, and food service supervision. The CHA publishes and distributes a number of periodicals and books. Examples with which you may be familiar are Dimensions in Health Service, which serves health care professionals through timely articles, features and news items each month, and Hospital Trustee, which has received widespread acceptance as a resource assisting trustees in understanding and fulfilling their special role in the health care system. The Canadian Hospital Directory is a major reference which presents information on hospitals and their personnel, health associations and education programs. The Research Department undertakes research which is of current import to Canadian health care delivery and serves as a clearinghouse of relevant research results. The current emphasis of the Research Department includes health manpower needs in Canada, day surgery in Canada and the hospital of the future.

Many of you are aware of the recent suspension of the CHA's library. This library served the corporate needs of the CHA as well as the needs of many people and institutions seeking information in the subject area of health management. The library received as many as 200 requests for information each month. A small informal survey of 50 requests received after the closure of the library indicates that 74% of the requests were from hospitals and 12% from university libraries. Requested information covered a wide range of subject areas including health care delivery, quality assurance, patient care, personnel management, general and financial administration and information systems. Thirty-four percent of all the requests came from Ontario. Fifty-two percent of all requests were directed through a library to the CHA library, the rest being from individuals. While this survey cannot be considered totally valid, given that the library had already closed, it does give some indication of library service needs. Why then was the library closed? Essentially, the maintenance of a traditional library service for such a great variety of needs was just too costly. In an atmosphere of cost containment, in which all associations and health institutions find themselves, the demise of just such a service is not at all unique. While cost containment was the main reason for the closure of the CHA library, it was not the only reason. Given the proliferation of the new information technology and its ramifications for the future, concerns

for reviewing and updating the library service did play a role. The CHA considers the collection, analysis and dissemination of information as one of its major roles. The CHA is currently reviewing how best it might serve the needs of its members and Canadian hospitals in general. Certainly, any library service offered in the future by the CHA will be adapted to the new technology and will take full advantage of its potential. It is increasingly clear that the CHA cannot continue to provide a comprehensive and complete stock of all information to which people wish to have access. It is just too costly, and in addition, the proliferation of materials makes acquisition and storage an immense task within the framework of the traditional library.

Some speculation as to the future role of the CHA library proves interesting. The CHA may define itself as an information broker for health librarians - that is, developing a knowledge of where information is stored and directing users to the best source. The CHA may define its area of concentration more narrowly than in the past to concentrate on a few specialized areas of hospital management. The CHA may use communications technology to access information from a variety of sources and to create relevant databases for its users. The CHA may develop a training package for librarians and information managers which concentrates on the use of information systems and the development of communications networks. While large hospitals may offer more sophisticated library services to their users, smaller and more isolated hospitals will require access to databases and hard copy through a network of information sharers. The CHA could play a role in developing networking structures. The role of local libraries and hospital libraries is vital within this context. Keep in mind that much of what I have just said concerning the library is speculative, as the organization of the library remains under review. Your opinions, as past and potential information service users, regarding future and needed services are required in order to assist the CHA assess the role of its library. Feel free to write to the CHA with your ideas.

The CHA's mandate to provide information has resulted in the development of two special programs. The first is the provision of an information service comprised of specific databases using the Telidon system and the second is the Management Information Systems Project.

Telidon

Several years ago the CHA began discussions concerning more modern ways of providing information to its members. It was apparent that the world of computer communication and information technology could no longer be ignored. Paperless information systems had become a reality. The CHA received a grant from the Department of Communications to help set up a Telidon System. Telidon is a high-quality graphics videotex system which has the potential to provide users with a wide range of services. Videotex is a data processing system which uses the television screen as the means of communicating with information banks of computers which can be contacted using a two-way medium, such as a telephone.[5] Databases can be developed by any number of providers and made accessible to any number of subscribers or users. The CHA is developing databases in the areas of:

- Medical Device Alerts - This is being developed in conjunction with Health and Welfare Canada. At the present time, it takes weeks for alerts to be prepared and mailed to hospitals. With the use of computer technology, participating hospitals will receive alerts within minutes.

- Poison Information - This is being compiled with Health and Welfare Canada and the British Columbia Poison and Drug Information Center.

- Hospital/Health General Information - This will provide general information on products. For example, information on child restraint devices (car seats) is currently being entered and will provide a handy reference to users for staff information and patient education.

- Hospital Organization - Information will be available on how to set up specific services, such as housekeeping, and respiratory technology services.

In any of these subject areas the advantage of having information access through a computer system is readily apparent. While it takes several weeks for updated material to be communicated by mail, it takes only minutes to update information on the computer. Access is immediate and emergency information can be sent directly to users as well as added to the relevant page for future retrieval.

The CHA is in the process of developing these and other databases. A larger computer will result in a greater storage capacity and the CHA will go online for a twelve-month trial period with a small number of users, beginning in 1984. In the meantime, the CHA is providing demonstrations of the Telidon system to potential users. The importance of Telidon is that it is an adaptable technology and will not be outdated in the near future. The system is user-friendly and one no longer has to learn a complicated computer language. Commands are in English and thus simple to use. In addition, the graphics capabilities of Telidon are impressive.

Initial outlay for the hardware may seem expensive. However, in the long run, sending and receiving information electronically will be cheaper, given the amount of information which can be sent in an extremely short period of time. Apart from the reception and the sending of materials, computer terminals have multiple functions and can be used, for example, to store mailing lists, student records and statistical programs. Data to aid in the daily management of hospitals is easily stored and analysed by computers. On a broader level, institutional and labour statistics may be available by linking up with Statistics Canada and provincial databases.

Access to confidential or sensitive information is controlled. Security is assured as there are a number of pieces of information which are known only to the user - the telephone number, user identification number and a password. Passwords can be changed and double or multiple locks established using a series of passwords.

Management Information Systems Project

Changes in the way we handle information can aid in the management tasks which face today's hospital. This is particularly true at a time when cost control is the major concern of the health care system. Also, traditional cost and resource allocation methodologies do not adequately account for all the variances which are presented by the varied numbers and kinds of patients. In fact, no one is able to answer the questions: how many and what kinds of resources are required to provide a specific kind of care or treat a specific type of patient? A special project was developed in response to this question.

In 1952 the CHA developed the Canadian Hospital Accounting Manual (CHAM). The aim of these guidelines, which have been revised several times, was to assist Canadian hospitals in the management of scarce resources. Today the CHA is involved in a three year project entitled the Management Information Systems (MIS) Project, which is designed to update CHAM, to improve upon it and to redesign the system taking into account new technological tools. The MIS project is a cooperative effort of provincial and federal health ministries, provincial hospital and health associations, and the CHA. The objectives of the MIS project are:

- To provide hospitals with guidelines that will assist them in improving tne usefulness, timeliness and comparability of information collected within Canadian hospitals, and

- To develop appropriate information systems which improve the measurement and the management of input resources and output activities through the integration of administrative and patient databases.

This means the linkage of administrative data, which controls and monitors budgets and productivity, to patient databases, which in turn identify the kinds and numbers of patients treated, where and by whom they are treated. Ultimately, the linkage of this information will permit the management, planning and the evaluation of all services offered by the institution. The publication, in the latter part of 1984, of the Guidelines for Management Information Systems in Canadian Hospitals will result in a very useful framework for Canadian hospitals.

This framework is the key to the other project guidelines. It is organized into a series of hierarchical levels, like building blocks, which meet the varied needs of all Canadian hospitals, at the same time ensuring standard definitions and allocation methods. Other chapters will provide a data dictionary, accounting guidelines, workload measures, a glossary of indicators and a manager's guide. It is recognized that not all Canadian hospitals will be capable of implementing all the guidelines right away because they have not yet acquired access to available computer technology. However, hospitals will be using standard definitions and allocation methods so that the database will be the same when the smaller hospitals do acquire computer access. The traditional accounting system will be improved and hospitals will be able to more accurately determine the components required to attain increasingly sophisticated levels of resource allocation. In addition, standards will have been set for information collection with the result that hospital information will be comparative. Of course, the manipulation of hospital data into useful bundles is feasible because of developments in computer technology.

The CHA's experience with Telidon and the MIS project are two main examples of how the new technology is affecting the way in which we in the health field gather and use information. One implication for the health librarian is that access to educational material through Telidon, or similar systems, is possible. Direct communication with other users is also possible. An interesting perspective is that the communication technology phenomenon could very well be the main force which brings together hospitals in Canada by drawing them into a telecommunications network. Certainly, the responsibility of all information holders and providers in Canada to share information is evident as it is now impossible to have all relevant information stored in one institution. Previously cumbersome tasks of information sharing will become quick and easy for someone with minimal and very basic training in computer use.

The Role of the Health Librarian

The image, in the near past, of the librarian is that of a guardian, a keeper of information. Generally, those in need of information approach the librarian who rather passively provides that information. In the future, though, the computer will take over this role. Bibliographic databases are expanding to include abstracts. In the future complete texts will be provided. The user will be able to access the information from home or office. Where does this leave the health librarian? In my opinion, this profession has a crucial role to play in the future management of health information. In fact, the technological revolution presents an opportunity for health librarians to redefine their jobs and responsibilities and to become a recognized and integral part of the health team. This means that they must go beyond the role of a guardian and provider of information to participate in a more critical

review of existing information, choosing the best and most relevant while also directing users to the best sources. This means a greater understanding on the part of the librarian of the clientele and the institutions which they serve, that is, a more intimate knowledge of user needs.

Librarians are in an ideal position to familiarize themselves with existing technological innovations and to help hospitals and other institutions make decisions about information systems. In addition to acquiring a familiarity with various hardware systems, the health librarian needs to know just exactly what is available for current use - that is, the software. More people will have direct access to databanks and bibliographic listings. Using the system to find exactly what they are looking for will require some guidance given the proliferation of scientific and medical information. Initially, this might involve training in system use. However, due to constant bibliographic updating, users will have to utilize systems on a regular basis in order to maintain a working knowledge of their use. The health librarian must be familiar with databases in order to guide users to the most appropriate sources.

The health librarian has in the past worked mainly with health professionals, such as doctors and nurses, in an institutional context. Today though, those served by health information services come from varied educational and occupational backgrounds. Health libraries of the future must be prepared to meet the needs of different kinds of health workers and health service consumers. Within this context, the way in which the information is presented must be taken into consideration.

As previously noted, we now live in a society where information has assumed a high priority and where individuals and groups are recognizing and claiming the right of access to information, whether it be personal records or up-to-date information on the care of a particular illness. The health librarian can advocate the public's right to information and can work together with health professionals in patient and family education programs. The hospital library of the future could be a multi-media resource centre which works closely with a number of different departments supplying information for in-house training and patient education. The point is that, if the hospital library retains as its sole function the storage and retrieval of information, it may soon become obsolete.

The proliferation of materials has also resulted in the situation whereby it is just too expensive and cumbersome for a single library to acquire all of the most recent and pertinent information. Libraries thus share the responsibility for the coordination of an information network which draws together local and regional libraries, the resources of health agencies, associations, and university health science libraries. The health librarian can organize just such a network given technological advances in information processing and communication. The prospect exists for the transformation of the existing system into an integrated structure which will ultimately improve information access for everyone.

What also remains outstanding today is the establishment of some form of control and the establishment of standards for databanks and for the evaluation of resources and programs. The potential for the development of an unlimited number of databases and bibliographic indices exists. Virtually anyone can develop and market such resources. While some competition is healthy, there is the need to develop guidelines and standards. Once again, the health librarians with a familiarity in the field have much to offer, if they become knowledgeable in the uses of computer technology for information storage, transfer and manipulation.

In order to meet the challenges of the future and to fully comprehend the benefits and the limitations of the new technology, librarians require a new orientation to their work, one that involves perhaps a different type of training. Just exactly what these new training needs might be can only be decided by the profession itself. In the future, health librarians will be called upon to go beyond their traditional role, to evaluate the quality of information and to screen information for users. This is of particular relevance to librarians who serve within a clinical care institution. The role of the clinical librarian is one such example where the traditional role has been extended. The clinical librarian works directly with the health care team in the provision of clinical care to patients. The clinical librarian helps in the effective management of clinical information. He or she makes medical rounds and attends conferences with medical staff on a weekly basis. The librarian's role is to research the literature and to choose specific articles which meet staff requirements.[11] Librarians taking on this new role require a background in scientific investigation and research techniques as well as some grounding in general science. A broader work context for the health librarian requires familiarity with the types of records kept by the hospital. The special problems of record management become relevant and the traditional boundaries between library services and record management begin to dissolve. The health librarian of today needs to acquire an in-depth knowledge of online searching and database design and operation. Will the role of the health librarian in the hospital be extended to include the design and implementation of a retrieval system for patient care information? Will they work more closely with record management? These are only several of the many questions which you as members of the health librarians' profession must begin to address. Speculation as to possible roles for the future health librarian is presented here only to stimulate discussion and debate.

What is certain is that the profession is at a turning point. The challenge is to meet the "information age" head-on with the idea of fully participating in it and directing its course.

Conclusion

The perspective from which I approached this task is as an information user and as an information provider. As such, both myself and my colleagues are also faced with the task of adapting to the information age and the environment created by the technological innovations of the computer and its sister systems. This area is of immediate relevance to those whose main preoccupation is the management of information including hospital and other health organization libraries, university health science libraries, governments, and non-governmental associations like the CHA. It is of significance that these new developments occur at a time of rigid cost control. The small library and the large library may be direct victims of cost containment efforts, as the traditional library will have trouble keeping up with user needs and future developments in information systems. Thus, traditional libraries may be seen to be an expensive use of staff time and storage space. In the short term the closure of a library may make some fiscal sense. Librarians must act now to assertively determine the needs of their institutions and to provide the most appropriate services. If you wait for users to come to you, alternate routes will develop which may usurp the traditional role of the librarian. It is my opinion that in the long term though, we will jeopardize inexpensive access to detailed and complete information sources when a library closes. While it is up to health librarians to define and advocate a role for themselves in this new era, it is also up to those of us who are library users to become familiar with the resources offered by our institutions and to demand the type of service which we need. We must make our needs known to our institutions' libraries. In that way both information users and providers work together developing the most appropriate system.

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LEGAL AND ETHICAL ISSUES IN THE PROVISION OF HEALTH INFORMATION: An Academic Medical Librarian's Perspective

- FRANCES GROEN
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The vantage point for this presentation is the academic medical library environment. Realizing this was my perspective, I did a considerable amount of background reading in the general area of health information as it is provided in a variety of library settings including academic, public, hospital, and law libraries.

To clarify my own perspective, three distinct kinds of information were identified in support of the well-being of individuals. These are medical information, consumer health information and patient information. Medical information is the most well-established of these three, dating from the time of Aesculapius, and readily available in almost all parts of the world through a system of academic research and hospital libraries. This information may best be described as "disease centered" for it is focused upon the sick patient and is written for the practitioner caring for him. The second kind of information, consumer health information, is less well established. It is an essential component of health education. Health education may, in turn, be defined as "strategies for learning experiences designed to bring about voluntary adjustment of behaviour conducive to health."[1] The third kind of information, patient information, has been guaranteed by the passage of the Patients' Bill of Rights in 1974 by the American Hospital Association, requiring informed consent from patients to medical treatment. Patient information represents in part, a shift of responsibility to the public for their own health.

Having identified these three kinds of information, the next question to be answered is "Who is responsible for filling these various information needs?"

A variety of libraries are involved in an informal network to fill the need for medical, consumer health and patient information. Chief amongst these are the hospital libraries and the public libraries, followed by academic medical libraries, and to a lesser degree, the law libraries. All have a role to play and the network frequently encompasses all four kinds of libraries. Confusion has arisen, however, because of overlapping domains in the information base and the failure to review the mandate of the library.

A special problem exists for the academic medical library since this library has focused upon the needs of the medical faculty, researchers, students and other health professionals in the community. Academic medical library collections consist of professional, biomedical literature written at a technical level not readily comprehensible to the public at large. The collections in academic medical libraries may not include material appropriate to the needs of the general public for patient and consumer health information.

EDITORS' NOTE: A summary of remarks in a panel discussion at the 7th Annual CHLA Meeting, Winnipeg, June 1983.

Before attempting to fill this need, the library's mandate must be reviewed. An accompanying complexity is that referred to in law as "the problem of reach": when an institution is supported by public funds and does not have "open door" policy, do senior administrators have the right to refuse access to the general public? The right answer to meeting this public information need is not necessarily to redefine the mandate of the academic medical library, and then to develop a collection of materials at a non-technical level. Another approach is for the academic librarians, drawing upon their special skills as health information professionals, to join with public librarians to assist in such matters as medical bibliographies, medical terminology, and core lists.

Three basic questions must be answered by any librarian confronted with requests for patient information or consumer information. These have been identified in the law librarianship literature.[2]

The questions are:

1. What is the mandate of the library?

2. What is the role of the librarian?

3. When is a problem likely to arise between the librarian and the patron in providing health information?

I have already touched on the question of the library's mandate, a carefully constructed statement of the objectives of the library. Although specific reference to patient information or consumer health information may not occur, the librarian cannot afford to ignore this information need since powerful social forces have produced it. The question on the role of the librarian raises issues related to career choice and motivation. The role of the librarian is to help by providing appropriate, precise information. This role does not include the functions of counselling or healing. The third question, concerning the problems between librarians and users in the provision of health information, is likely to occur if the librarian provides advice rather than information. Medical advice includes the recommendation of a particular drug or treatment. It may also occur if the librarian assists in diagnosis. Finally, medical advice may occur if the librarian helps the layman to interpret technical information. These areas are truly "hors de combat" for the information professional.

Although it may appear somewhat restrictive in defining our role, health librarians could benefit from considering this statement from the Code of Ethics of the American Association of Law Librarians (1978):

> Law librarians, while engaged in their professional work, have a duty neither to engage in the unauthorized practice of law, nor to solicit an attorney-client relationship.

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LEGAL AND ETHICAL ISSUES IN THE PROVISION OF HEALTH INFORMATION: A Consumer Advocate's Perspective

- ANDREW ALLENTUCK
Freelance Writer and Economist, Winnipeg

Do people have a legal or ethical right to health information? Ethically, it would be absurd to say they don't. But health information can include anything from one's own medical records to national security data on nuclear missile targets - it is, after all, unhealthy to live in front of the business end of an ICBM. Whatever the theoretical, ethical right to know about classified war plans or complex environmental problems or the epidemiology of diseases, the real test of the patient's right to know about his health is whether he can actually find out what is in his own health records in hospitals and in physicians' offices.

Naturally, the law being what it is, the answer is fuzzy. Who controls a medical record is, depending on what one wants to do with it, a question of ownership of the paper itself, copyright, and patient right of access. There is little doubt that the actual records are owned by the hospital or physician who prepared them, and who must, for reasons of good business practice and statutory records retention requirements, keep them.[1] The question of copyright arises only for purposes of publication, a matter not immediately relevant to a patient who just wants to know what disease he has. But for purposes of patient access, it is clear from applicable laws in Quebec,[2] Alberta,[3] Saskatchewan,[4] Ontario,[5] Nova Scotia,[6] and in the United States,[7] that a patient does have a right to see and make copies of his medical or hospital records. The language of the laws is, however, permissive and allows hospitals to withhold records if, as the Quebec statute phrases it, "it would be seriously prejudicial to the health of the patient to examine his record."[8] To obtain access, the general rule is that a patient in a province must apply to a court for his records if a hospital or physician refuses to disclose them. In Manitoba, a legislative backwater in the area of patient access to records, a 1979 Queen's Bench decision[9] appears to support a hospital's right to deny access to records to a patient unless he has or can invent a valid cause of action against the hospital and compel disclosure of records in pre-trial discovery proceedings, a costly process if the patient's only concern is, for example, why he had to have several blood tests that yielded no diagnosis.

The Manitoba decision is at variance with the common and statute law of other Canadian jurisdictions and, indeed, with law texts[10] on the point of access; it might not survive a test in a higher court. Yet it remains the common problem for patients in all jurisdictions that to get access to information in their own files, they may have to go to court.

It really shouldn't be that difficult. Some patients, too ill or poor or badly instructed about their rights will probably never avail themselves of legal procedures to get to their records. Discussing this dilemma, Mr. Justice Horace Krever, who headed the 1977-1980 Ontario Royal Commission on the Confidentiality of Health Information, summarized the ethical reasons for letting patients know what their doctors know, what life insurance companies know, what provincial medical insurance plans know, and what their employers know about their health. First, the principles of human dignity suggest that a person should have access to the most personal information about his own body; professionals should not be able to withhold that information. So informed, a patient can correct files and add to the validity of medical records. As well, the patient may be able to contribute to his own therapy in the present or future. With the file information, the patient can give truly

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EDITORS' NOTE: Presented in a panel discussion at the 7th Annual CHLA Meeting, Winnipeg, June, 1983.

informed consent to treatment. Finally, if the patient has his health records in hand or mind, it may create a feeling of genuine rather than blind trust and openness between the patient and health care providers.[11]

The paradox of the medical records trade is that while patients may have a hard time finding out what ails them, others, from police to insurance investigators to credit bureaus and employers, may have little difficulty penetrating hospital records security systems. The reports of the Krever Commission are filled with testimony documenting how easy it is for insurance investigators and other sleuths to get medical records clerks at major hospitals to disclose file information.

The public and private interest in security of records must be balanced with the patient's right to know what others know about him. Both concerns - for information security and for rights of access to individual and government records - have been growing in the past decade. There is no simple protocol for disclosure that will be sufficient to cope with all cases, yet one may suggest that if a patient is competent to understand his condition and consent to treatment, then he should be presumed competent to read his medical records. Disclosure should then be made to the patient or to his designated representatives, with the circumstances and fact of that disclosure noted in his medical records by an attending physician, to explain and protect them.

The risk of disclosure is that a patient may be driven to quacks or to desperate deeds if he learns of a terminal condition; of dread diseases caught from the workplace, a friend or lover; and so forth. But to all of these possible outcomes, one can only reply that while there may be no shelter in truth, there is even less sanctuary in ignorance.

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SOMMAIRE

La question de l'existence d'un principe par lequel les malades ont le privilège d'examiner leurs archives médicales est un dilemme moins moral que légal. Aux Etats-Unis, au Québec, en Ontario, en Alberta, en Saskatchewan, et en Nouvelle Ecosse, des lois donnent aux malades le privilège d'accès aux archives médicales, mais il serait nécessaire d'avoir un procès avant que les archives soient revelées par les fonctionnaires des hôpitaux ou par les médicins. Néanmoins, les principes moraux de la dignité des malades, du consentement bien renseigné, et du rapport entre le médecin et ses malades demandent que les fonctionnaires des hôpitaux ou le médecin revelent leurs archives médicales aux malades s'ils les veulent.

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UPCOMING MEETINGS

Ottawa

On October 5, 1983, The Dr. G.S. Williamson Health Sciences Library of the Ottawa Civic Hospital will convene its second biennial Library Seminar in the hospital's Norman Paterson Education Centre. Speakers for the seminar are: Dr. Donald Lindberg, M.D., Professor of Pathology and Director of the Information Science Group, University of Missouri-Columbia School of Medicine; and Dr. Gertrude Lamb, Chief Librarian at Hartford University Hospital, Hartford, Connecticut.

Dr. D. Lindberg was a member of the research team who conducted the strategic Delphi study into the future of academic health sciences libraries. This study was reported in the Journal of Medical Education 1982 Oct; 57(10 pt. 2). The principal investigator was the well-known Nina A. Matheson, Assistant Director, Health Information Management Studies, Association of American Medical Colleges. The findings of the study have direct bearing on the future of the Civic's library and on that of all such teaching hospital libraries.

The second speaker, Dr. G. Lamb, is the pioneer of clinical librarianship. Clinical librarianship has changed traditional hospital library service all over the United States and also in several Canadian centres, from demand response to a vital integration in the health care team in clinical areas. The Civic Hospital introduced clinical librarianship in the Department of Orthopaedics in September, 1982, with the intention of expanding the service, in phases, into other clinical areas.

While the Seminar is funded by the hospital and is designed to inform Civic health care personnel of trends and developments in information service, librarians from other institutions and centres are welcome. Details of the day's schedule will be available after August 1 from the library. For more information contact:

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Toronto

UPSTATE NEW YORK AND ONTARIO CHAPTER - MEDICAL LIBRARY ASSOCIATION

Annual Meeting, October 12 - 15, 1983
Chelsea Inn, Toronto

THEME: WEARING TWO HATS - LIBRARIAN / MANAGER

Preliminary Programme

Wednesday, October 12	
9:00 - 5:00	NLM Update
8:00 -	Reception
Thursday, October 13	
9:00 - 3:00	Registration
10:00 - 10:30	Welcome
10:30 - 11:15	Keynote Address - Dean Katherine Packer Faculty of Library and Information Science, University of Toronto
11:15 - 12:00	Managing Your Manager
2:00 - 3:15	Employee Relations: Motivation, dealing with staff problems
3:45 - 5:00	Employee Relations: a panel presentation
Friday, October 14	
9:00 - 11:00	Registration
9:00 - 9:40	The Hospital Library from the Administrator's Point of View
9:40 - 10:20	Evaluating Librarians
10:45 - 11:45	Business Meeting
2:00 -	Tours of local libraries
7:00 -	Consumer Health Education - A workshop for health science and public librarians
Saturday, October 15	
9:00 - 5:00	Continuing Education

COMMENTARIES ON CONTINUING EDUCATION COURSES

Topics in Selection and Acquisition for Small Health Sciences Libraries

- SUSAN ROGERS
Assistant Librarian
Manitoba Department of Health

CHLA sponsored the continuing education course CE 5: Topics in Selection and Acquisition for Small Health Sciences Libraries on June 13, preceeding the annual conference held from June 14-15, 1983, in Winnipeg.

The course focused on theoretical and practical problems facing library personnel who select and acquire materials in small health libraries. The instructors were: Edna Allen of the Warner Lambert (Can) Library, Toronto; Dallas Bagby of the Medical Library, St. Boniface Hospital, Winnipeg; Judy Inglis, Library, Veterinary Medicine, University of Saskatchewan, Saskatoon; and Margaret Taylor, doctoral student of the Faculty of Library and Information Science, University of Toronto.

Edna Allen introduced each speaker. Each participant followed suit, providing a way for people to meet each other socially and professionally.

Margaret Taylor handed out an information package which analysed the collection development process. Library staff and committees must analytically survey the existing information resources of a community, the raison d'être of the institution the library serves, the information requirements of the library's patrons, and the existing library collection before the library personnel can decide what books, journals, and audio-visual materials to acquire and to select. Margaret provided lists of information resources to assist with the selection/acquisition process.

As a library cannot collect everything relevant to its collection, it is important to examine the available information resources of the community the library serves. Judy Inglis discussed networking, that is, what cooperative systems exist to provide supplementary research support for the patrons of a library.

Dallas Bagby outlined a major concern of a library network: Interlibrary Loan. She discussed the formal and informal ILL systems currently in operation.

Common library problems were discussed in small groups. Several of these problems were: how to handle demands placed on one person who may direct a library as well as be responsible for the Medical Records Department; how to develop a specialized health collection for the public; how to handle donations; how to handle department collections; and how to keep a collection current.

The CE course was an enjoyable and intellectually stimulating experience. For people unfamiliar with library work, it provided a succinct, practical approach to understanding a major part of a librarian's job. For people with library training, it served as a master class to update, review and to improve learned skills. It provided a valuable learning experience for us all.

HUMOR

4

AVANT-PROPOS

Le but envisagé par la publication de CANHEALTH est de fournir un receuil du"contenu canadien" du travail des bibliothèques canadiennes des sciences de la santé et de tenter de situer ces bibliothèques dans le plus large contexte canadien et nord-américain CANHEALTH n'est pas un manuel de procédures et ne devrait pas être considéré comme remède universel à tous vos problèmes bibliothécaires. Cependant, on espère qu'il sera utile à ceux qui travaillent dans des bibliothèques canadiennes pour les aider à découvrir les rapprochements et les différences qui existent entre elles et vis à vis les bibliothèques des sciences de la santé aux Etats-Unis. Nous aimerions aussi répandre des renseignements qui touchent sur des ouvrages de référence, des fournisseurs et des modes de procéder particulièrement canadiens.

Cet ouvrage est basé sur le Guide to Canadian Health Science: Information Service and Sources écrit pay Phyllis Russell et publié en 1974 par la Canadian Library Association, et sur des épreuves préparatoires à une révision rédigées par Martha Stone en 1978/79. Lorsque cette série d'articles aura paru au complet, l'Association des bibliothèques de la santé du Canada envisage d'en publier une édition révisée et de les réunir dans un volume. Ceci marquera l'occasion de la première publication d'un ouvrage exprès par l'Association et doit être vu comme un effort en commun qui exige la collaboration de tous les membres. Nous encourageons nos membres de chapitres de nous faire part de leurs commentaires et des corrections à apporter, pour assurer que les renseignements fournis sont à la fois exacts et utiles. Le produit final devrait être le résultat d'un effort coopératif, alors s'il vous plaît aidez-nous.

Nous sommes dans l'obligeance de nous excuser auprès de nos collègues francophones pour la nature unilingue de cette publication. Nous avons l'intention de publier la version finale dans les deux langues. Cependant, le coût de traduction et le temps requis ne nous permettent pas de produire les chapitres préparatoires dans le deux langues.

PREFACE

The purpose of CANHEALTH is to provide Canadian health libraries with a source for the "Canadian content" of their work,and to attempt to show how health libraries in Canada fit into the wider Canadian and North American context. CANHEALTH is not a library manual, and it should not be seen as the panacea for all a library's problems. We hope, however, that it will help those who work in Canadian libraries to discover the many differences and similarities which exist between their own libraries and health libraries in the United States. We hope they will also become acquainted with particular Canadian reference tools, suppliers and procedures of which they were not aware.

The present work is based on the Guide to Canadian Health Science: Information Services and Sources written by Phyllis Russell and published by the Canadian Library Association in 1974, and on preliminary drafts of a revision prepared by Martha Stone in 1978/79. When this series of articles is completed the Canadian Health Libraries Association hopes to publish a revised edition in one volume. This will be the first "occasional paper" published by the Association, and it should be a joint effort shared by all membership. We urge Chapter members to take particular responsibility to send us corrections and comments, in order that the facts can be both correct and useful The final product should be the result of a cooperative effort by all of us. Please help.

We apologize to our francophone colleagues for the unilingual nature of this work as it now appears. We intend that the final version will also appear in French. The costs of translation in both time and money, however, make it impractical to produce the draft chapters in both languages.

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USES OF A HEALTH SCIENCES COLLECTION

PROVIDING INFORMATION

One of the most important characteristics of a health sciences library is the participation of its staff in the use of its collection. Information provision in the health field is not a passive activity. Health care practitioners seldom have time in the course of a normal day to linger over the bookshelves digging out information. Often they simply ask a colleague instead. The alternative is to do without the information, unless the time involved in finding it can be tranferred to the library staff. Acting as an intermediary between the collection and the user requires a knowledge of the range of information resources which are available, both in the library and in specialized collections elsewhere, as well as some understanding of how the information is to be used.

Health libraries, among them, provide patient care information, continuing education resources and research facilities, and each type of user has different requirements. For a clinician a speedy answer may be important, so that (s)he can act; a researcher may need a broad literature search in which time is not as important as completeness. For the librarian, a broad general knowledge of current issues in the institution can often dictate where to begin a reference interview.

Reference service is a personal response to the information needs of each patron. It can be simple directory assistance in answering a factual question over the phone. It can mean assisting a library patron to find bibliographic material by pacing him/her through the card catalogue, or, simply by explaining that the journals in the library are listed in the linedex on the table under the window. It can mean spending half an hour demonstrating how to use an index, or, conducting a complete tour of the library and its facilities. It can require locating an exact answer, or one of the several possible answers. It can mean hours spent tracking down a mangled citation for a conference paper, or, a last minute hunt for a handful of articles that will be relevant for tomorrow's speech.

The extent to which the health sciences collection will be used depends on library staff assisting patrons at each level of inquiry, and introducing them to alternative materials. In the long run, the most important service a library can provide to a health worker is a thorough training in the techniques of literature searching, which will be used throughout an entire career.

Searching the Journals

No library in the health field in the United States or Canada, or anywhere else, can function without Index Medicus (1a) or its alternate, Abridged Index Medicus (1b), and their family or

recurrent indexes. These highly structured indexes provide access to a broad spectrum of health sciences journals. They are controlled by a thesaurus called Medical Subject Headings (MeSH) (1c) which is updated annually, and which organizes the indexes in a characteristic fashion. A clear understanding of the way MeSH is structured is the key to successful retrieval when using these tools.

The printed version of Index Medicus is produced by the National Library of Medicine in Washington, D.C., and cumulated annually. However, the entire database from 1965 to-date is also available on-line through MEDLINE, as has been discussed elsewhere, and this has revolutionized information retrieval in the health field in the last ten years. It means that a topic can be pursued either manually in the printed indexes, or on-line in an extensive series of databases, or a combination of both. There are other important databases which are available in the larger libraries, but this is the one which is central to reference work in any health sciences library worthy of the name. All academic health libraries across the country are MEDLINE centers and an increasing number of Canadian hospital libraries have direct access as well. A recent study of the use of MEDLINE in Canada and the United States with some good references, can be found in the January 1979 issue of the Bulletin of the Medical Library Association (2).

Smaller health sciences libraries which do not have direct access to MEDLINE can refer the requestor to a hospital library or to an academic library which does offer on-line services. Users who are members of professional Associations, such as the Academy of Medicine (Toronto) and the Canadian College of Family Physicians, have access to MEDLINE through their own organizations.

On the other hand, in very specific searches the manual aproach is just as efficient and not any more time-consuming. Library staff in smaller institutions should keep in mind that, in most instances, questions can be answered quite satisfactorily by a manual search in Abridged Index Medicus (1b) which covers only 100 of the most used medical journals. A large percentage of requests in clinical settings require practical answers quickly, and an on-line search is not necessarily more efficient at this than the judgement of an experienced health sciences reference person who is familiar with the institution and the way their particular patrons work.

Reference Resources

The reference resources in any health sciences library will include an array of dictionaries, directories and yearbooks, compendiums and bibliographies, as well as appropriate indexes and abstracts. Many of these have no nationality, and collections lists such as Brandon's (3) will provide details of the most important ones. To be real resources, however, these must be totally familiar to the staff. Each dictionary, for instance, features peripheral sections which are instant sources

of miscellaneous information. They may include anything from French translations of basic diagnostic terms to metric tables, clear illustrations of the digestive system, and sources of patient education material, all good starting points for answering "quick" reference questions.

Particularly useful in Canadian libraries are featureo sections in the journals published by Canadian organizations, such as the Canadian Medical Association, the Canadian Nurses Association, the Canadian College of Family Physicians, or the Canadian Hospital Association. Such journals should be scanned as they come in to keep abreast of public affairs in the health field in Canada. They yield a range of background information about personalities and issues in the news, professionals meetings, publications of current interest and legislation that is under consideration.

There is also a set of Canadian publications which are essential resources in any health library in Canada. One list of these appears annually as a Canadian Supplement to a list of reference resources published in Nursing Outlook by the Interagency Council on Library Resources for Nursing (4). Another relatively comprehensive list is maintained by the Health Sciences Resource Centre at CISTI, and updated periodically, when it is required for continuing education courses in library science. (With the cooperation of the Health Sciences Resource Centre, this list is to be included as a section of CANHEALTH in the next issue).

General reference tools integrate a Canadian library into the health field, which is international. Canadian reference tools put the library in touch with its own working environemnt. Each individual library, however, must compile its own list of local information resources. There are aids in some of the larger Canadian cities, where Chapters of the Special Libraries Association publish directories of special libraries, including those in the health field. In the same way Chapters of the Canadian Health Libraries Association publish union lists of serials to facilitate interlibrary loans.

Providing Copy

Lending services are a part of the process of interacting, both with other libraries and with library users. Details of a functional circulation system can be found in any library manual, but provision for organized record keeping is essential, if chaos is to be avoided, even in a very small operation. The most recent handbook of value, which deals with the whole process of service in a health sciences library, is the new edition of the Handbook of Medical Library Practice. Volume One of the fourth edition is devoted entirely to the public services aspect of library work (5).

Information transactions in most health sciences libraries include a large volume of interlibrary loans, many of which are photocopies rather than hard copies. This raises the whole issue

of copyright. In Canada at the moment attempts to update the Canadian Copyright Act have been stalled for several years, and the issue appears to have a low priority with the federal government. Even so, libraries in Canada must observe the restraints that do exist.

The most important clause in the current Copyright Act (RSC 1970, c. C-30) is the one about "fair dealing", which says that "any fair dealing with any work for the purposes of private study, research, criticism, review or newspaper summary ... does not constitute an infringement of copyright." This leaves the way open for current practices in which one copy of a single article, or a chapter of a book, can be made for "private study". Pressure against the exclusive rights of an author, however, such as "to make a copy of the whole work, or a substantial part of the work" is an outright infringement. An article in the Canadian Library Journal by Basil Stuart-Stubbs will clarify the current Canadian situation for those who are interested.(6)

Living and working in Canada, it is important not to be confused by the discussion of copyright in the literature which has surrounded the new regulations developed in the United States. There a central agency has ben established to collect a fee for library use of photocopy. Only those Canadian library systems which make a practice of borrowing a great deal of interlibrary loan material directly from American libraries need to become familiar with the exact limitations imposed by these new United States laws.

One of the more controversial practices in the development of library services in the field has been the gradual increase in the application of user fees for some services. This policy has been based on sheer budgetary necessity, but there is often a nice line between turning away users and keeping the budget out of the red. Modest charges per page for photocopying services are designed to cover the actual costs of paper, staff time and maintenance of the photocopying equipment. These fees are now virtually universal, and they apply to internal transactions as well as to interlibrary loans.

The cost of computer time has the same imperative for on-line searching, although the fee to the individual requestor does not usually offset the total cost of the service. Most research grants now automatically include an item to cover this expense for their projects. Access to expensive databases and electronic networking is clearly moving many libraries in the direction of users' fees for many services, since cost effectiveness is an administrative imperative. The outcome of these practices has been an erosion of the traditional library philosophy that the right to information implies free access. Health libraries in Canada are in the midstream of change. Tomorrow they will be different.

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CANHEALTH NUMBER 5 WHICH WILL APPEAR WITH THE NEXT ISSUE OF B.M.C. WILL CONTAIN A LENGTHY BIBLIOGRAPHY OF CANADIAN REFERENCE SOURCES WHICH IS BEING UPDATED BY THE HEALTH SCIENCES RESOURCE CENTRE OF CISTI.

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PLEASE REMEMBER THAT CANHEALTH IS A COOPERATIVE PROJECT AND THE EDITORS NEED INPUT AND ADVICE. IF YOU HAVE NOTICED ERRORS PLEASE TELL US AND IF YOU WOULD LIKE TO SEE MORE CHAPTERS LET US KNOW. WE INTEND TO WRITE CHAPTERS ON THE FOLLOWING TOPICS OVER THE NEXT THREE OR FOUR ISSUES:-

Budgets and space planning
Clinical librarianship
Consumer health and libraries
Alternative librarianship
Health library organizations
Library equipment and Canadian suppliers
Cataloguing and binding
Other useful addresses

ONCE THESE CHAPTERS HAVE BEEN PUBLISHED CHLA INTENDS TO REPRINT THE WHOLE OF CANHEALTH AS A SEPARATE PUBLICATION.

Teaching Skills for Library Educators

- JAN GREENWOOD
Librarian
Ontario Medical Association

CHLA's Committee on Education has a mandate to develop and promote courses that will help raise the general level of library practice in Canada. To this end, it chose as one of the two courses given in conjunction with the Annual Meeting in Winnipeg during June, MLA CE 626 Teaching Skills for Library Educators. Since CHLA is interested in developing a stable of Canadian library instructors who would be able and willing to offer MLA and similar courses at future meetings, it agreed to subsidize each registrant who was also a CHLA member. Most of those who attended the course were thus motivated, at least in part, by a desire to teach in this context at some time in the future; probably all participants had some previous teaching experience prior to taking the course.

The course is a fairly gruelling two-day affair which attempts to combine theory and practice in exploring many facets of adult teaching (and learning), although it does not purport to include curriculum planning or the management of continuing education programmes. In serving as a model for teaching other MLA courses, CE 626 utilizes an imaginative array of techniques to illustrate various teaching methodologies, including task oriented work groups, an instant panel, an in-basket exercise, and role-playing, and thus form and content are effectively combined. Indeed, one measure of the course's success is the fact that most of the participants - including myself - fell occasionally into the trap of evaluating the content of an exercise rather than its form.

Nancy Press, Education Coordinator, Pacific Northwest Regional Medical Library, Health Science Library, University of Washington, Seattle, did a remarkable job of teaching the course, revealing that it really is possible (for those of us who sometimes despair of this fact) to give rein to students' ideas without straying irrevocably from one's (carefully specified!) objectives. This course should be useful to anyone who is involved in teaching in the library field, whether that involvement takes the form of planning workshops, staff training, library orientation or formal lectures. I believe that some teaching experience is an asset if not a prerequisite.

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NEUROSIS AND THE FORMER MEDICAL LIBRARIAN

- P.J. FAWCETT
Systems Coordinator
University of Manitoba Libraries

It came to me quite suddenly one day that I'd become a former medical librarian.

Now that may not sound like much of a revelation to some people but I've always been one of those unfortunates who tends to see himself in terms of his employment. You know, like those quaint still-life paintings with descriptive titles: "Medical librarian at work" or "Medical librarian on vacation" or "Medical librarian in a dull meeting". When you get into the habit of seeing yourself that way, it's hard to shake. So, after seven years in the medical world, when I moved to a different position I devised a new mental picture to carry around, one captioned: "Medical librarian playing with computers".

Then the revelation hit me. My picture was totally invalid. I was actually a former medical librarian.

I was encamped in our staff lounge at the time and immediately confessed my fall from grace to the Assistant Director who was sitting beside me and contemplating his empty coffee cup.

"You know, I've just realized I'm a former."

The AD opened his mouth to reply, then hesitated for a long moment, studying me intently while considering his incisive reply. Finally he said: "Huh?"

I repeated my previous statement. He slowly got to his feet and delicately flipped his cup into the wastebasket. "Well," he said, "with a little more rain this spring you should be able to take off a pretty fair crop." With that he departed, leaving me to ponder whether my diction was growing even worse or those stories about the pressure at the top were really true.

Never one to give up easily (which could also be said of anyone who has read all of these Neurosis pieces), I contained my anguish until arriving home that night. My wife, I reasoned, with more than a decade's toil in a hospital library behind her, would surely recognize my sudden plight and offer tactile sympathy. But when I burst through the door and poured out my professional anomie, I got only the sour rejoinder: "Your daughter just dropped my watch in the humidifier."

With this kind of emotional support and empathy, my readjustment was fairly rapid.

The symptoms of my decline, in retrospect, had been visible for some time. First, I had stopped attending meetings on health librarianship. Then I found less and less to interest me in the medical library literature. Gradually, I fell away from seeing things in terms of MeSH trees. And then came the final degradation: I quit watching some of the doctor shows on TV.

At one time, I counted myself a fairly competent medical librarian, able to rattle off medical acronyms at an alarming pace. I even knew what a few of them stood for. I was able to sit for minutes in the same room with doctors without once succumbing to the urge to say "Ahh!". I even mastered how to say "glomerulonephritis" in one breath. Now, all these essential skills have escaped me. The other night I was watching St. Elsewhere (after Hockey

Night in Canada, easily my favourite show -- they're sure to cancel it) and hadn't the vaguest idea what they were talking about. MI? Military intelligence. CPK? An obscure branch of a Canadian railroad? Babinski? Probably a Czech forward signed by les Nordiques.

I should conceed, of course, that even when I toiled daily in the health library business I had a few problems absorbing the basics. Despite having worked for many years under Audrey Kerr (who, in addition to being able to hear a Coffee Crisp bar being unwrapped at sixty metres, is also a pretty fair medical librarian), there were always some finer points of medical librarianship we were unable to agree upon. She never did buy my theory, for example, that Kellogg's Special K had to be rich in potassium. (Think about it.)

Being about as expert in the medical sciences as the Concordes are at playing football never saved me in social situations where, as a medical librarian, I was turned to for elucidation. I'm told this is a fairly common problem among health care workers, at least, those still lucky enough to get invited to parties. To wit: Cholecystectomy, mused my hostess, having just been fed the term in connection with some movie star and wanting to know if the fellow in question was possibly at death's door or just practising the latest trendy sexual aberration. Surgery for cholera, I told her and made a fast exit to another room. Glibness and a quick lunge at the chip dip, I've found, solves most sticky social situations. Now I no longer have this "medical expert" problem. Even at parties where I stay awake, my new career area frees me from being buttonholed. Most people, encountering a systems analyst, mutter a quiet similarity between computers and farmyard manure and then go mingle elsewhere. This leaves me free to concentrate on the tight jeans across the room or go sit in the corner and talk to the cat until my wife takes me home. No longer working in medicine also means fewer long distance calls from my mother on a periodic fact-finding mission about her latest ailment. Our only calls from Edmonton now are of the scatological variety whenever the Jets enjoy a rare triumph over the Oilers.

Several months after moving out of the health sphere, I continued to hear from medical librarians who asked with a mixture of awe and horror how I could possibly leave. (As opposed to all those who were glad I left and didn't raise any questions for fear I would recant and sign up for another hitch.) How could you possibly, went the general tenor (as distinct from the specific soprano), leave such an exciting field, an area of librarianship so dynamic and vibrant, a professional endeavour so close to the pulse of life itself? What is there in hum-drum systems development to compare with the challenge of reference work under the pressure of a life-threatening situation? Actually, in my new field I've been involved in a number of life-threatening situations, invariably with my own life being the one threatened. But when I've given former colleagues my real reason for leaving, that I'd spent seven years in one job and wanted a change, they look at me with vast distress, especially those in their second decade in health librarianship. To them, my reason ranks right up there with the hermit monk who says he feels the need for a change and becomes a blackjack dealer in Las Vegas.

Do I now regret becoming a former? Sure, I have regrets, especially when I get into a miserable problem or a situation I can't handle (see "life-threatening" above) but that's the worst time to compare. I miss some of the excitement of health librarianship, the interaction with the health profession, the struggle to master an alien vocabulary and an ever-exploding body of literature. Mostly though, I regret losing the contacts I had through CHLA/ABSC and the excellent people I knew from coast to coast.

For all I've lost, however, there is one facet of having been a medical librarian which, along with the rest of the profession, I'm sure I'll carry with me for the rest of my days: I'll still put off seeing a doctor as long as possible.

NOUVELLES DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTE, ICIST

- MARILYN SCHAFER
Chef, CBSS

Listes de base

Plusieurs d'entre vous ne savez peut-être pas que depuis environ deux ans maintenant le CBSS recueille des listes de base. Sans nous consacrer activement à cette tâche, nous en avons obtenu plusieurs.

Si vous utilisez une liste de base pour votre collection ou en connaissez une qui n'est pas indiquée ci-dessous, veuillez nous en faire parvenir un exemplaire ou une référence. Nous agirons à titre de dépositaire de ces listes. Nous ne possédons cependant pas nécessaire pour formuler un jugement de valeur. Nous serions donc heureux de recevoir vos commentaires, tant favorables que défavorables, concernant ces listes de base. Ces commentaires seront conservés dans le dossier.

L'informatique dans les bibliothèques de sciences de la santé

Nous allons essayer de tenir à jour un fichier concernant les utilisateurs de terminaux d'ordinateur (non intelligent ou intelligent), machines de traitement de texte, modems, coupleurs acoustiques ou de micro-ordinateurs dans les bibliothèques de sciences de la santé au Canada. Nous aimerions donc que vous nous faissiez parvenir une note indiquant quel équipement vous utilisez présentement et quels en sont les utilisations.

Faites parvenir tout renseignement concernant les listes de base ou votre équipement à:

Marilyn E. Schafer
Chef, Centre bibliographique des sciences de la santé
Institut canadian de l'information scientifique et technique
Conseil national de recherches du Canada
Ottawa (Ontario)
K1A 0S2

ENVOY 100

Le CBSS possède maintenant un compte auprès d'un service commercial de courrier électronique. Vous pouvez donc communiquer avec nous sans perdre de temps à jouer au chat et à la souris au téléphone et sans faire d'appel pendant les heures de plein tarif de la journéa. Notre adresse ENVOY 100 est la suivante: CISTI.HSRC.

Si vous avez un compte auprès de ce service, envoyez-nous un message indiquant votre adresse. Si vous n'avez pas de compte de ce genre et désirez en savoir plus, communiquez avec le représentant local du Groupe des systèmes nationaux (GSN). Le GSN, connu avant sous le nom de Groupe des télécommunications informatiques, fait parti du Réseau téléphonique transcanadien (RTTC).

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- MARILYN SCHAFER
  Head, HSRC

Core Lists

Many of you may not be aware that for a couple of years now HSRC has been collecting core lists. While we have not sought out such lists actively, a number have been accumulated.

Should you utilize a core list for your collection or know of one not listed on the following page, please send us a copy or a citation. We are pleased to act as a clearinghouse for these, but we do not have the expertise to pass judgement on quality. Therefore, we would appreciate comments both favourable and unfavourable on any core list. We shall endeavour to keep such notes with the file.

High Tech in Health Libraries

We are going to try to keep a file on who is using what in terms of computer terminals (dumb or smart), word processors, microcomputers, modems or acoustic couplers in health libraries in Canada. To this end we would appreciate you sending us a note to tell us what equipment you are using and what applications you have in place on your equipment.

Please send any information about core lists or your equipment to:

Marilyn E. Schafer
Head, Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
National Research Council of Canada
Ottawa, Ontario
K1A 0S2

ENVOY 100

HSRC now has an account with a commercial electronic messaging service. This means that you can contact us without wasting time playing telephone tag and without using the most expensive hours of the day for telephone calls. Our ENVOY 100 address is: CISTI.HSRC.

If you have an account, send us a message and let us know your address. If you don't have an ENVOY 100 account and would like to know more about it, contact your local National Systems Group (NSG) representative. NSG, formerly the Computer Communications Group, is a part of the TransCanada Telephone System (TCTS).

CORE LISTS HELD AT HSRC / LES LISTES DE BASE CONSERVEES AU CBSS

Adams AH, Callaghan JC. Suggested list of books and journals for chiropractic. The Journal of the CCA 1981; 25(2):69-74

Brandon AN, Hill DR. Selected list of books and journals for the small medical library. Bull Med Libr Assoc 1983 Apr; 71(2):147-175

Canadian Hospital Association. The health administrator's library; comprehensive bibliography of the materials available in the Canadian Hospital Association Library. Ottawa: Canadian Hospital Association, 1980, 144 pp.

Canadian Hospital Association. The health administrator's library. 1st supp. Ottawa: Canadian Hospital Association, 1979. 110 pp.

Canadian Nurses Association, Helen K. Mussallem Library. List of Canadian periodicals in nursing. Ottawa: Canadian Nurses Association, 1982. 6 pp.

Canadian Nurses Association, Helen K. Mussallem Library. Suggested list of nursing periodicals for the Canadian health science library. Ottawa: Canadian Nurses Association, 1982. 8 pp.

University of Saskatchewan, Continuing Medical Education. Additional hospital library recommendations. Saskatoon: University of Saskatchewan, 1981

University of Saskatchewan, Continuing Medical Education. Community hospital library recommendations. Saskatoon: University of Saskatchewan, 1981

University of Saskatchewan, Continuing Medical Education. Guide for developing a basic core library for physicians in Saskatchewan. Saskatoon: University of Saskatchewan, 1981

Fraser CW, Hyde E. Recent and recommended medical books. A selective list for hospital libraries. Vancouver: B.C. Medical Library Service, 1980. 26 pp.

Interagency Council on Library Resources for Nursing. Reference sources for nursing. Nursing Outlook 1980 July; 28(7):444-447

Manitoba Health Libraries Association. Selected books and journals for Manitoba health care facilities. Winnipeg: Manitoba Health Libraries Association, 1981. 48 pp.

Ontario Medical Association. Suggested list of medical books and journals. Toronto: Ontario Medical Association, 1982. 119 pp.

Ontario Medical Association. Supplement one: health sciences books and journals. Toronto: Ontario Medical Association, 1982. 82 pp.

Ontario Medical Association Library. Medical office management; a selective bibliography. Toronto: Ontario Medical Association, 1981. 24 pp.

Ontario Medical Association Library. Practice management; a selective bibliography. Toronto: Ontario Medical Association Library, 1981. 24 pp.

Weston WW. Recommended reading for the family doctor. June 1981

CHLA VIDEO-TELECONFERENCE

- SUE GILLESPIE
Manager, Library Services
University Hospital, London

As reported by Dorothy Fitzgerald in BMC 1983; 4(4):88, the first video teleconference on librarianship held in Canada (or elsewhere as far as we can determine) took place at University Hospital, London, Ontario, on January 18, 1983. In spite of several technical problems, the results of the evaluation questionnaire filled in by the panel and audience indicate that it was a success. A summary of questionnaire responses follows. The number ratings used correspond to the following headings:

1. Very useful/Excellent
2. Somewhat useful/Good
3. Neutral
4. Of little use/Fair
5. Of no use/Poor

QUESTIONNAIRE FINDINGS - HEALTH LIBRARIES VIDEO-TELECONFERENCE

		London	Toronto	Ottawa	Montreal
1.	Usefulness				
	a. Introduction	1.8	1.3	1.6	1.9
	b. Regional Groups	1.9	1.2	1.5	2.2
	c. Audiovisual Resources	2.0	1.4	1.4	2.6
2.	Method of Presentation	1.9	2.0	2.8	2.4
3.	a. Video Presentation	1.8	2.3	3.2	1.7
	b. Audio Presentation	2.7	3.2	4.3	3.8
	c. Microphones/Telephones	3.0	4.3	3.3	3.1
	d. Comfort of Studio	2.6	3.0	3.0	1.6
	e. Conference Length	2.7	2.9	4.3	3.7

4. Time Allotted to Questions:	Too Much	Just Enough	Too Little
a. London (18)	--	100% (18)	--
b. Toronto (9)	--	78% (7)	22% (2)
c. Ottawa (6)	--	100% (6)	--
d. Montreal (10)	10% (1)	90% (9)	--

5. Comparison of Face-to-Face Meeting to Video-Teleconference:	More Effective	Equally Effective	Less Effective
a. London (18)	39% (7)	56% (10)	5% (1)
b. Toronto (9)	67% (6)	33% (3)	---
c. Ottawa (4)	25% (1)	25% (1)	50% (2)
d. Montreal (10)	20% (2)	40% (4)	40% (4)

6. Effectiveness as a Teleconference (Sound only):	More Effective	Equally Effective	Less Effective
a. London (18)	5% (1)	33% (6)	61% (11)
b. Toronto (9)	---	---	---
c. Ottawa (6)	17% (1)	---	83% (5)
d. Montreal (10)	10% (1)	10% (1)	80% (8)

6. Overall Rating of Video-Teleconference:	London	Toronto	Ottawa	Montreal
	2.1	2.3	2.5	2.9

Comments on the questionnaire indicate:

1. Overall conclusions were that for a pioneer effort, it was a good one, and that most of the problems were technical or could be remedied with experience.

2. There was too much material packed into the time frame.

3. Studio facilities were inadequate; that is, space and instruction on the use of the microphones/telephones was insufficient.

4. Telephone connections and sound reproduction were poor.

5. Video presentation was good but presenters read rather than spoke into the cameras.

The Conference was put together in very short notice. It was originally scheduled for mid-March but we learned in late December that it would have to be held before January 20th. It was too late by then to book one of the University Hospital's auditoria. We decided to carry on with the conference anyway and to hold it in the hospital's TV studio. The video part of the conference was broadcast via microwave and apart from the inability of the London audience to see Toronto due to the bright lights in the studio, video quality was satisfactory. The technical briefing just before the conference erroneously indicated that the moderator would have to repeat the telephoned questions aloud for them to be heard in other centres. The audiences in the remote locations indicated they did not receive sufficient instruction in telephone and microphone procedures. It is true that most of the panel read their presentations, but considering the short time they had to prepare them and that they had no opportunity to rehearse, they gave a commendable performance.

I believe the experiment has demonstrated that video-teleconferencing is an economic and effective mode of communication over great distances provided the following improvements can be implemented:

1. Two-way video connections should be available between all remote centres and the host centre. Without face to face communications one might as well have an audio-teleconference.

2. Audio communications must be improved so that telephone lines stay open throughout the conference in all centres. The time wasted in telephoning, having the London moderator repeat the question, and telephoning again to respond to the answer destroys any hope of spontaneity.

3. Audiences must be instructed properly and accurately on the techniques of using audio equipment and asking questions, especially the importance of keeping questions short and to the point.

4. Panelists must be given adequate time to become accustomed to speaking before cameras and be able to see themselves doing so, in order to polish their presentation skills. Rehearsal is mandatory for effective presentation.

5. The format of future conferences should include more and longer breaks, or shorter sessions. More interaction between members of the panel would enliven the sessions.

6. Larger facilities must be provided by the communications people at remote sites to accommodate audiences. We had to turn away a lot of interested people because of lack of seating. Had it been a paid video-teleconference we could never had recovered the cost from the number of seats available.

The amount of enthusiasm and hard work that was manifested by the panel and all the people involved in setting up the conference in London and the remote centres was very exciting to experience. The panel produced excellent papers at extremely short notice and the facilitators performed magnificently in the face of all sorts of unpredictable changes and technical problems. Pioneering anything can be a hair-raising experience and the fact that the video-teleconference went off as well as it did despite the technical problems is due solely to the versatility and enthusiasm of all who participated. Video-teleconferencing can work - it will work - and once the technical problems are solved it will prove an extremely effective medium for communication where distance makes travel to conferences economically infeasible.

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PEOPLE ON THE MOVE

LYNN DUNIKOWSKI has been appointed Librarian, Canadian Library of Family Medicine, the library service of the College of Family Physicians of Canada, based at the Sciences Library of the University of Western Ontario in London. Lynn will take on this position as of August 1, 1983. For the past two years, Lynn has been the Librarian/Researcher for FAMLI, the Family Medicine Literature Index. Lynn obtained her B.A. (Honors Psychology) from the University of Guelph in 1977 and her M.L.S. from the University of Western Ontario in 1981.

NOUVELLES DE LA SECTION SANTE DE L'ASTED

- LOUISE DESCHAMPS
  Présidente, L'ASTED

Les activités de la section santé de l'Asted vont bon train et ses membres travaillent ardemment. Permettez-moi donc de vous donner un aperçu des activités passées et futures.

Le 27 mai dernier, une journée d'étude sur la télé-référence dans les bibliothèques médicales a été organisée en collaboration avec l'école de bibliothéconomie de l'Université de Montréal qui nous avait gracieusement prêté la salle de repérage automatisé.

A notre plus grand bonheur, trente-deux personnes ont participé à cette journée qui se divisait en deux parties. La première, qui consistait en un exposé théorique sur la télé-référence et en une démonstration pratique, nous a été donnée par monsieur Bernard Bédard de la bibliothèque de la santé de l'Université de Montréal. Malgré le peu de temps à notre disposition pour une matière aussi vaste, monsieur Bédard s'en est très bien tiré et il a su nous donner un très bon aperçu du sujet.

La deuxième partie de cette journée se déroulait l'après-midi et la formule employée fut la table-ronde. Nous avions alors choisi trois personnes-ressources possédant déjà le système de repérage automatisé dans leur milieu de travail. Ginette Boyer, Louise Jolin et Robert Aubin nous ont fait part de leurs expériences personnelles.

Comme vous venez de le constater, cette journée fut bien remplie et fort intéressante; les commentaires des participants ont été favorables.

Permettez-moi maintenant de vous donner un aperçu des activités que nous organiserons lors du congrès du mois d'octobre. Veuillez prendre note que le vendredi sera la journée réservée aux sections. Le thème de notre atelier se résume ainsi: "connaître et définir les moyens susceptibles d'augmenter et ou de diminuer la fréquentation et l'utilisation des ressources de la bibliothèque". Pour discuter de ce sujet nous nous diviserons en sous-groupes. Une invitation vous est donc lancée. Nous comptons sur votre présence car votre participation est nécessaire au bon fonctionnement de votre section.

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CHLA REPRESENTATIVE APPOINTED

CLAIRE CALLAGHAN has been appointed as a CHLA representative on the HSRC Advisory Board from April 1, 1983 through March 31, 1986. Claire replaces Anna Leith and joins Dorothy Fitzgerald and Kathy Eagleton, the other CHLA representatives on the Advisory Board.

ANNUAL GENERAL MEETING - REPORT '83

- J. CLAIRE CALLAGHAN
  Secretary

The Annual General Meeting of CHLA/ABSC was held in Winnipeg on June 15, 1983. Seventy-eight members attended. The President's Report and reports from the following committees, namely, Job Classification, Consumer Health, Education, Nominations and Elections, MLA Liaison and Publications/BMC were read. The latter five reports will be published in BMC. The Job Classification report appeared in BMC 1983;4(5):118.

The Secretary read the report of the Annual General Meeting held in Saskatoon on June 8, 1982. There was one item of discussion arising from the minutes. The Board had intended to poll the CHLA membership to determine what percentage of CHLA's membership are personal members of MLA; however, this survey was not undertaken.

The Treasurer's "Interim Report, June 1, 1982 - May 26, 1983" was read. The balance was $14,345.41. Special thanks was extended to Linda Solomon Shiff for her skillful handling of the Treasury.

The Consumer Health committee drafted a definition of consumer health information and guidelines for both the role of health sciences libraries and CHLA in the provision of consumer health information. After some discussion, it was moved by Frances Groen and seconded by Sandra Langlands that the guidelines be accepted in principle. The motion was passed. The draft report will be circulated to the membership and comments are to be forwarded to Joanne Marshall by September 1, 1983.

The Education Committee discussed the rationale behind CHLA's subsidization of CE 626 Teaching Skills for Library Educators. It is felt that the attendees now have a "moral" obligation to teach some courses.

Gerry Oppenheimer, MLA's liaison to CHLA, expressed MLA's approval of having a pool of Canadian teachers.

It was suggested that the out-going Board members be listed on the ballet sheet.

BMC will be comprised of two theme issues per year. An informal poll vote demonstrated great interest in gerontology, health sciences funding and management themes. Special thanks was extended to Babs Flower and David Crawford for the CANHEALTH supplements.

Reports were tabled from five chapters, namely, the Toronto Medical Libraries Group, the Ottawa/Hull Libraries Group, the Windsor Area Health Libraries Association, the Health Libraries Association of British Columbia, and the Manitoba Health Libraries Association. The reports of all the chapters, excluding Manitoba, appear in BMC 1983;4(5):115-8.

A report from the Health and Welfare Canada Library will be published in BMC.

Claire Callaghan joins Kathy Eagleton and Dorothy Fitzgerald as CHLA's representatives on the HSRC Advisory Committee. CHLA's influence on the Advisory Committee was discussed. It was moved by David Crawford and seconded by Bonnie Stableford that CHLA/ABSC urge Mr. Elmer Smith, Director of CISTI, to involve the HSRC Advisory Committee in future appointments of the Directors of HSRC. The motion was passed.

Frances Groen moved and Gale Moore seconded the motion that a small working group be established by the CHLA Board of Directors to review the priorities of the Health Sciences Resource Centre and, in conjunction with the Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges, produce an agreed-upon statement. The motion was passed.

The Video-Teleconference organized by Sue Gillespie and Dorothy Fitzgerald was described. The tape will be available for loan from either David Crawford or Gale Moore.

Honorary Life CHLA memberships were given to Babs Flower and Eileen Bradley for their outstanding contributions to the Association.

The 5th International Congress on Medical Librarianship which will be held in Tokyo in September 1985 was described.

The 8th Annual CHLA/ABSC meeting will be held in Toronto from June 2-6, 1984.

William Fraser moved and Sharon Robertson seconded the acceptance of three motions involving the nuclear freeze. The first two motions, namely:

I. WHEREAS, It is universally acknowledged that nuclear war would be the ultimate human and environmental disaster, and
WHEREAS, The nuclear arms race is steadily increasing the threat of nuclear war, and
WHEREAS, Even in the absence of nuclear war, limited resources worldwide are being unproductively diverted to the nuclear arms race, NOW THEREFORE BE IT
RESOLVED THAT the Canadian Health Libraries Association/l'Association des Bibliothèques de la Santé du Canada supports the concept of a freeze on the development, production and deployment of nuclear weapons and delivery systems, and BE IT FURTHER

II. RESOLVED THAT a copy of this resolution be sent to the offices of the Canadian Prime Minister and the Minster of National Defence.

were accepted.

The third motion, namely:

III. RESOLVED THAT the CHLA/ABSC encourages and is willing to assist its members in actively participating in the provision and dissemination of health information relating to nuclear war.

was not passed.

David Crawford moved and Linda McFarlane seconded a formal vote of thanks to the 1983, 7th Annual CHLA Conference Committee for a highly successful meeting. The motion was passed unanimously.

Special thanks was extended to the 1982/83 outgoing Board, namely, Ann Manning, Germain Chouinard, Verle Empey, Linda Solomon Shiff and Claire Callaghan. Ann Manning transferred the chair to Barbara Greeniaus and in turn, she introduced the 1983/84 Board which includes David Crawford, Sandra Langlands, Donna Dryden, Marilyn Hernandez and Carol Morrison.

The meeting was adjourned at 5:10 p.m. and the membership attended a "wine and cheese" party hosted by the librarians of North and South Dakota.

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THE CONSUMER HEALTH COMMITTEE - ANNUAL REPORT

- JOANNE MARSHALL
  Chairman

The Committee now consists of five members and a Board Liaison. During the past year the Committee has been relatively inactive due to the Chairman's changes in job and residence; however, we have stayed in close contact with the MLA Consumer Health Committee. The MLA guidelines describing the librarian's role in providing consumer health information have been received and copies were brought to the annual meeting for consideration by the Committee members attending the CHLA meeting.

In terms of our second aim to prepare a list of recommended books and journals for health care consumers, a general list on health and self care has been prepared for discussion by the Committee. We have also been asked to review the list prepared by the ACMC librarians. An initial reply to Germain Chouinard, based on review by some of the Committee members, has been sent. The rest of the Committee discussed the document at the annual meeting.

Joanne Marshall undertook to examine the literature on patient education and health outcomes as a basis for preparing an evaluated bibliography on the cost/benefit of patient education. The results of this study were not totally encouraging, since the quality of the studies is often poor. Generally speaking, it appears to be the more complex strategies to improve patient compliance that are successful. Although these strategies often include an educational component, it is impossible to isolate the impact of that part of the intervention. This paper was presented at the IFLA meeting last August and will appear in the July issue of the Bulletin of the Medical Library Association.

Committee Members:

Joanne Marshall (Chairman), Director of Information Services, The Palliative Care Foundation, Toronto

David Noble, Librarian, Cancer Control Agency of British Columbia, Vancouver

Margaret Taylor, Faculty of Library and Information Science, University of Toronto

Kathy Eagleton, Librarian, Brandon General Hospital

Catherine Ferguson, Information Specialist, Saskatchewan Institute on Prevention of Handicaps, Saskatoon

Claire Callaghan (Board Liaison), Librarian, Canadian Memorial Chiropractic College, Toronto

THE DEPARTMENT OF NATIONAL HEALTH AND WELFARE - ANNUAL REPORT

- DAPHNE DOLAN
  Chief, Departmental Library Services

The fiscal year 1982/83 was significant for the Health and Welfare libraries and for the Department. I shall start with the changes in the libraries which affect accessibility to the collection and services. Because of the unreliability of the programs used for our batch-generated book catalogue, we decided to join DOBIS for our cataloguing. The implementation date is October 1, 1983, and for the rest of this fiscal year we shall operate with both systems. Decisions about conversion of manual records have still to be made - they are dependent on resources and the permanent value of the older collection. In the same area, we are in the process of preparing for a Systems Study to investigate distributed minicomputer applications for the libraries' functions of acquisitions, circulation, etc. Implementation of the recommendations is a few years away.

In the area of physical accessibility, the Departmental Library has bought compact shelving for its earlier material and is in the process of shifting and shelf-reading. Combined with a microfilm transfer and some weeding, space problems will be alleviated.

Monique Marchand, the Head of Collection Development and Organization in the Departmental Library has taken the position of Head of the Department of Labour Library. We are posting, at the present time, two senior positions: Heads of Information Services and Document Delivery, simultaneously.

The Department has been involved in several areas which have significance for health information professionals. I have isolated five for your attention:

1. National Native Alcohol and Drug Abuse Program (Medical Services Branch)

   The National Native Alcohol and Drug Abuse Program was launched in April 1982. It is a five-year program and is a joint effort between Health and Welfare and Indian and Northern Affairs. In order to tackle the most serious health threat to Canada's Indian and Inuit people, i.e., alcohol and drug abuse, the $154 million program intends to devote 40% of its budget to preventive services, 26% for treatment and the remaining 34% for research and administration.

2. National Clearinghouse on Family Violence (Social Services Programs Branch)

   Early in 1982, a publicity campaign was launched surrounding the Department's new National Clearinghouse on Family Violence. Its Head is Dr. Susan Painter, and it falls within the Social Service Development Directorate. To stimulate discussion and research on family violence, the Clearinghouse answers requests, plans workshops and provides reading lists and speakers. The Clearinghouse was established in response to recommendations set forth in "Towards Equality for Women", the Federal Government's National Plan of Action on the Status of Women.

3. Green Paper on Pensions (Income Security Branch)

   For the last few years, the pension issue has been the subject of intensive study across Canada through Task Force reports, a National Pensions Conference (1981), etc. Finally the Government's Green Paper on Pension Reform entitled "Better Pensions for Canadians" was released in December of 1982. The paper's proposals will now be reviewed by the Parliamentary Task Force on Pension Reform and hearings will be held with the public across Canada to discuss these proposals.

4. Expansion of the Bureau of Medical Devices (Health Protection Branch)

Treasury Board has allocated the Department's Bureau of Medical Devices an additional 34 person years and $600,000 this year. The new resources are intended to increase the Bureau's capacity to establish product safety standards and to subject more devices to pre-market review.

5. Canada Health Act (Health Services and Promotion Branch)

Another significant policy initiative which is in its final stages before legislation is introduced in Parliament is the Canada Health Act. The Hon. Monique Begin is expected to bring it in, in September 1983, and negotiations between the Medical community and the Department are proceeding at the present time. The Act will have a major impact on the MEDICARE system in Canada.

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THE NOMINATIONS AND ELECTIONS COMMITTEE - ANNUAL REPORT

- VERLA EMPEY
  Chairman

Each chapter of the CHLA was invited to appoint a representative to serve on the Nominations and Elections Committee. Four chapters responded to the invitation. Those appointed were Dallas Bagby, Winnipeg; Bill Fraser, Vancouver; Joyce Kublin, Halifax; and Elizabeth Reid, Toronto. The Committee was able to locate two persons to stand for election as Vice-President and seven persons to stand as Directors.

A total of 169 ballots were received. David Crawford, Montreal was elected as Vice-President. Donna Dryden, Edmonton; Marilyn Hernandez, Winnipeg; and Carol Morrison, Toronto; were elected as Directors.

I would like to thank each person who stood for election and each member of the Committee for their efforts in finding candidates. I would also like to express my personal appreciation to Simone Wartman, formerly of Saint John, New Brunswick, for providing most of the French translation.

The members of the 1983/84 Board of Directors are:

President:	Barbara Greeniaus
Past-President:	Ann Nevill Manning
Vice-President:	David Crawford
Members:	Donna Dryden
	Marilyn Hernandez
	Sandra Langlands
	Carol Morrison

NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION - ANNUAL REPORT

- JOYCE KUBLIN
President, N.S.H.L.A.

This has been a busy year for the Association which has expanded its membership to include members from outside the province. We had a very successful membership drive which netted us 36 members. Our meetings, however, are still dominated by local people.

We instituted a $5.00 membership fee to cover the cost of mailing minutes out and for other expenses. Our biggest expense will be the printing of the Directory of Maritime Hospital Libraries. We hope to print the directory this summer as soon as a snag with copyright is worked out. CHLA very kindly contributed $166.75 to the printing costs. The directory will be available to outside agencies for a nominal fee of $5.00. For a copy, please contact:

Joyce Kublin
Health Sciences Library
Victoria General Hospital
Halifax, Nova Scotia
B3H 2Y9

Our invitation to medical records librarians attending their annual conference in Halifax in June 1983, to visit a hospital library did not receive much response. The two people who did express an interest never did show up.

Our meetings included:

1. A visit to the Poison Control Centre at the Izaak Walton Killam Hospital.

2. A program on cost containment measures and budget restraint.

3. A program on the organization of serials.

4. A visit to the new Health Sciences Library at the Victoria General Hospital and the Cancer Treatment & Research Foundation Library.

5. A talk by Audrey Kerr on extension services provided by the University of Manitoba.

One summer meeting has been set for August on how to use Pharmaceutical News Index on DIALOG.

Our executive for 1982/83 was:

Past-President:	Verona Hall, Camp Hill Hospital, Halifax
President:	Joyce Kublin, Victoria General Hospital, Halifax
Vice-President/Treasurer:	Liz Foy, Pharmacy Library, Dalhousie University
Secretary:	Hilda Trider, W.K. Kellogg Health Sciences Library, Dalhousie University

COMMITTEE ON EDUCATION - ANNUAL REPORT

- GALE MOORE
  Convenor

At the June 1982 Board meeting the Special Committee on Education became a Standing Committee of the Association.

Kay Beacock, Northwestern General Hospital and Geoffrey Pendrill, School of Library and Information Science, University of Western Ontario, joined the Committee. A call for members was placed in BMC, but no response was received. By the fall of 1984 the committee will have established the membership rotation specified in its terms of reference, namely that one-half the members of the committee will retire each year.

The Committee met six times from June 1982-May 1983 and oral presentations were made to the Board at the October and February meetings.

Activities

1. CLA's Continuing Education Coordinating Group

For the first time the Committee on Education had a representative to this group. Mary Conchelos ably filled the position and prepared an article on certification for publication in Canadian Library Journal. Ann Manning, CHLA President, raised the question of what CHLA receives for its institutional membership in CLA as CLA insists that personal membership is a prerequisite for serving on a CLA committee or group. This is still unclear.

2. CE Courses

CE 3, Searching the Health Sciences Literature on BRS/DIALOG/MEDLARS: a Comparison, was approved by MLA for .75 CEU's. Continuing education was again this year the major work of the Committee. Early in the year a list of suggestions for CE courses was compiled by Committee members from suggestions made at the 1982 annual meeting, from the evaluation forms for CE 3 and from the Manitoba Health Libraries Association. A notice was placed in BMC but for the second year no responses were received. CE 5, Topics in Selection and Acquisition for Small Health Sciences Libraries was selected as the course to be offered; Margaret Taylor and Edna Allen from Toronto, Judy Inglis from Saskatoon and Dallas Bagby from Winnipeg agreed to team teach. MLA Certification will be sought for this course. In order to develop a pool of instructors for continuing education in Canada the Committee investigated the possibility of bringing MLA's CE 626, Teaching Skills for Library Educators, to Winnipeg. We were pleased that Nancy Press from the University of Washington in Seattle was available to teach and that the Board supported this course through a substantial subsidization of the registration fee for CHLA members. It should be noted that all arrangements for this course were made through MLA in Chicago and all registration fees are paid to them. Both courses exceeded the minimum registration, with CE 5 approaching the maximum.

CE Courses and Instructors

MLA CE 626: Teaching Skills for Library Educators
Instructor: Nancy Press,
University of Washington, Seattle

CE 5: Topics in Selection and Acquisition for Small Health Sciences Libraries
Instructors: Edna Allen
Warner Lambert (Canada) Inc., Toronto

Dallas Bagby
St. Boniface Hospital, Winnipeg

Judy Inglis
University of Saskatchewan

Margaret Taylor
Faculty of Library & Information Science
University of Toronto and
Children's Hospital of Eastern Ontario, Ottawa

3. CE Certificate

The Committee designed a CE Certificate, available in French and English, for participants in the CE programme. The Certificate was available for the CE course this June and copies will be mailed to the participants in CE 3 which was held in June 1982 in Saskatoon.

4. Health Libraries Video-Teleconference

A video-teleconference on CHLA and AV resources for health libraries was held in London, Ontario, January 18, 1983. The conference was the result of a successful proposal to University Hospital, London, prepared by Dorothy Fitzgerald and Sue Gillespie and involved links between Montreal, Ottawa, Toronto and London. Members of this Committee participated in the Toronto and London studios.

5. Association of Canadian Medical Colleges

The Committee spent some time discussing the role of the ACMC Special Resource Committee on Medical School Libraries and the links between this Committee and CHLA. Correspondence was exchanged with Ann Manning, CHLA President, who had been involved with both organizations. The Committee agreed that it would be useful if an article on ACMC were written for BMC. This would be in addition to the reports from the Special Resource Committee which already appear and might include such things as the opportunities for librarians at these meetings, e.g., presentation of papers.

6. Fish Report

The Committee brought to the attention of the Board a recent discussion paper prepared for the Science Council of Canada by Karen Fish entitled Parliamentarians and Science (Feb. 1983). As the report is concerned with access to technical information for policy makers there may be a lobbying role for CHLA to play.

I would like to thank all the members of the Committee, the Board and CE instructors for their cooperation and their hard work; it has helped me make this a successful and satisfying year for the Committee.

Membership 1982-1983

Kay Beacock	Northwestern General Hospital, Toronto
Mary Conchelos	University of Toronto, Toronto
Jan Greenwood	Ontario Medical Association, Toronto
Linda Harvey	Dalhousie University, Halifax
Sandra Langlands	University of Toronto, Toronto
Geoffrey Pendrill	SLIS, University of Western Ontario, London
Elizabeth Reid	Toronto Western Hospital, Toronto
Sudi Sedani	University of Toronto, Toronto

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NEW PUBLICATION

The Canadian Palliative Care Directory, 1983

The publication of this Directory, the first of its kind for Canada, represents an early step towards the achievement of the Palliative Care Foundation's goals. (BMC 1983;4(5):99-101)

The Directory is based on information that was collected as part of a survey of palliative care programs conducted for the Foundation during 1982. Special features of the Directory include:

- Geographically arranged main listing of palliative care programs in Canada.
- Special listings of programs by operational status and type of program.
- Index of contact persons.
- Index of hospitals.
- Comprehensive lists of key books in the palliative care field.

Copies are available for $12.00 (outside Canada - $15.00). A cheque, money order or purchase order should accompany the order.

The Palliative Care Foundation
288 Bloor Street West
Toronto, Ontario
M5S 1V8

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BIBLIOTHECA MEDICA CANADIANA

VOL.5 NO. ~~1~~ 2 1983 ISSN 0707-3674

BIBLIOTHECA MEDICA CANADIANA
VOL. 5, NO. 2 1983

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INFORMATION FOR CONTRIBUTORS/AVERTISSEMENT AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dan les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE 1983/84

The deadlines for submission of articles to v.5 are as follows:

5:3	November 1, 1983
5:4	January 20, 1984
5:5	April 6, 1984

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

5.3	1 novembre 1983
5:4	20 janvier 1984
5:5	6 avril 1984

FROM THE EDITORS

During last winter several editorials in BMC (v.4 #3 & 4) described the closure of the Canadian Hospital Association (CHA) library, with no plans to replace this service to the Association's members in the immediate future. A major reason for this closure was the need to reduce costs within the CHA. Since then, a significant development in the United States again points out the vulnerable position of libraries in a tight economy.

The Office of Management and Budgeting (OMB) has revised an American federal policy affecting the contracting out of services, in an effort to diminish competition between the public and private sectors. The text of Circular A76 advises government agencies to actively explore the possibilities of contracting out, with a view to reducing overhead costs. Although not specifically mentioned, libraries are labour-intensive operations and the use of non-government employees would significantly reduce payroll costs. As noted in a Library Journal news item, savings would be effected "by substituting the contractor's probably lower-paid employees for federal employees and by reducing or eliminating the spiralling costs of fringe benefits."[1]

The Circular urges managers to consider contracting out after completing a survey to compare the cost of in-house operations with those charged by the private sector. However, depending on the size of the agency's budget, the director is exempt from completing such a cost survey. For example, in units with twenty-five employees or fewer, the decision to contract out can be made without undertaking a cost comparison study. As we are all aware, libraries in all but the largest departments fall into this category. Another disturbing feature of the Circular is the lack of provisions for contingency planning, in the event that contractors fail to deliver satisfactorily. But, by far the most unsettling aspect of this policy will be its long-range implications. If library services to federal agencies are routinely contracted out without prior cost-benefit analysis, other organizations which follow the government's lead in classification and salary levels for library staff, will undoubtedly view this as an attractive alternate to maintaining high cost, internal library operations.

A number of U.S. federal librarians have, understandably reacted strongly to this policy; the American Library Association and other organizations are currently preparing rebuttals. BMC will endeavor

On a more positive note, we encourage you to read the many excellent contributions from your colleagues contained in this issue. Informative articles submitted by Farber, Dolan and Eagleton summarize their presentations given at CHLA's June meeting, and provide three different perspectives on the role of the institution in providing health care information. This series on health information is complimented by a lengthy bibliography of consumer health books, prepared by the British Columbia Chapter of CHLA; their work will undoubtedly be useful across Canada. The editors wish to thank the Health Libraries Association of B.C. for allowing BMC to reprint this bibliography. Noteworthy developments include reserch into the information needs of rural physicians and the possible formation of a new CHLA chapter in Kingston, Ontario.

DEBORAH BAILLIE
ASSISTANT EDITOR

BONITA STABLEFORD
EDITOR

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1 Contracting out federal library operations. Library Journal, v. 108(7) 1 April 1983, 618-622.

FROM THE PRESIDENT

- BARBARA GREENIAUS
President, CHLA

Just once in the coming year, I want to produce a droll, provocative column on this page. But it's deadline day already and I have barely enough time to string together 700 coherent words, much less be clever in the process.

This publishing business is awkward. Today is September 11th; the Board will meet in three weeks and, by the time you get this issue, that meeting will be history. This week, the editor of Macleans lamented that their cover story had been changed from Alan Thicke, to Menachem Begin, to the Korean Airline Tragedy, before they finally went to press. I am consoled by the knowledge that Kevin Doyle has more awesome problems than I have in being timely and topical.

The Agenda for the future (past) October 2nd Board Meeting has been circulated. We will be talking about the Toronto meeting scheduled for next June. Claire Callaghan and her committee seem to have everything well in hand on that front. We will be reviewing Committee guidelines, criteria for the Award for Outstanding Achievement, chapter and regional representation for the B.M.C. and a methodology for application for funding. Philip Teigen, Osler Librarian, will join us in the afternoon to discuss the CHLA/ABSC archives.

Another important item on the agenda is the publication of the new Standards for Accreditation of Canadian Health Care Facilities. Effective this month, the new edition replaces the Guide to Hospital Accreditation - 1977 as the basis for survey. (1)

The first four standards for library services; Goals and Objectives, Organization and Administration, Direction and Staffing and Facilities and Equipment, follow the 1977 standards fairly closely, though the original category of Objectives, Organization and Administration has been split into two. A significant addition to this new heading of Organization & Administration is:

> There shall be a written organizational plan which delineates the current responsibilities, relationships, and formal lines of communication of library services and interrelationships with other services.(2)

Three new standards have been added: Policies and Procedures, Education and Quality Assurance. The 1983 Policies and Procedures standard covers what the 1977 edition called Nature and Scope of Services, but it has an added bite to it with the requirement of written policies and procedures which delineate the scope and function of library services. Standard VI, Education, is a strengthening of the previous recommendation that library staff should be

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1. Limongelli F. Accreditation: new standards published. Hospital Trustee 1983; 7: 8-9.
2. Standards for accreditation of Canadian health care facilities 1983. Ottawa: Canadian Council on Hospital Accreditation, 1983. p.127.

provided with support for workshops, etc.(3) The new standard is more forthright:

> Continuing education programs shall be offered to all staff involved in library services.(4)

It is the last of these new standards which strikes fear into the heart of this hapless hospital librarian and which begins,

> There shall be written procedures outlining the methods of evaluating library services...(5).

These are formidable new criteria with which we are going to be evaluated in the next accreditation survey. I have written to Dr. Fulvio Limongelli, Executive Director of the Canadian Council on Hospital Accreditation, to inquire about the advice sought by the Council when formulating the standards for Library Services. To my knowledge, the CHLA/ABSC was not involved in this process.

Please write to me or to any of the other Board members to express your feelings about the new standards for Canadian hospital libraries.

In order to allow myself plenty of time to be witty and spontaneous, I'm going to start the November column tomorrow.

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3. Guide to hospital accreditation 1977. Toronto: Canadian Council on Hospital Accreditation, 1977. p.126.
4. Standards for accreditation of Canadian health facilities 1983. Loc. cit.:p.129.
5. Ibid., p.130.

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UN MOT DE LA PRESIDENTE

- BARBARA GREENIAUS
  présidente ABSC

J'aimerais bien, une fois cette année, vous présenter quelque chose de drôle et piquant, mais le temps presse et je dois me contenter de préparer une page de texte sans beaucoup d'astuce.

Les échéances sont parfois malcommodes. C'est aujourd'hui le 11 septembre. Le Bureau se réunit dans trois semaines et, quand vous lirez ces lignes, la réunion aura eu lieu. Cette semaine, la rédaction de Macleans a dû changer sa manchette de Alan Thicke à Menachem Begin à la tragédie du Boeing coréen. Je ne suis donc pas seule à avoir de la difficulté à dire quelque chose de pertinent au bon moment.

L'ordre du jour de la réunion du 2 octobre a été distribué. Il sera question de la réunion de Toronto prévue en juin prochain. Claire Callaghan et son comité semblent bien dominer la situation de ce côté. Nous étudierons les directives du comité, les critères du prix du mérite, la représentation locale et régionale pour B.M.C. et les modalités des demandes de financement. Dans l'après-midi, Philip Teigen nous parlera des archives ABSC/CHLA.

Il sera également question des nouvelles Normes pour l'agrément des établissements de santé du Canada. A compter de ce mois-ci, la nouvelle édition remplace le Guide to Hospital Accreditation de 1977 (1).

Les quatre premières normes pour les services de bibliothèque (buts et objectifs, organisation et administration, direction et personnel, installations et équipements) suivent de près celles de 1977, bien que la catégorie originale Buts/Organisation/Administration ait été divisée en deux sections. A noter que la nouvelle section Organisation et administration exige qu'il y ait un plan organisationnel écrit décrivant le mandat actuel et le réseau de communication des services de bibliothèque, ainsi que leurs relations avec d'autres services (2).

Trois nouvelles normes ont été ajoutées: lignes de conduite, éducation, vérification de la qualité. Les lignes de conduites de 1983 correspondent à la nature et envergure des services dans l'édition de 1977, mais elle exige en plus des règles écrites qui précisent l'envergure et la fonction des services de bibliothèque. La norme sur l'éducation renforce la recommandation précédente qui disait que le personnel de la bibliothèque devrait pouvoir participer à des colloques, etc. (3). La nouvelle norme, plus directe, précise que des programmes de perfectionnement doivent être offerts à tout le personnel responsable des services de bibliothèque (4).

C'est la dernière de ces nouvelles normes qui m'inspire une certaine crainte, puisqu'elle exige des règles écrites décrivant les méthodes d'évaluation des services de bibliothèque (5).

Ce sont là d'imposants critères en fonction desquels nous serons évalués au cours de la prochaine campagne d'agrément. J'ai écrit au Dr Fulvio Limongelli, directeur administratif du Conseil canadien d'agrément des hôpitaux, pour savoir qui le Conseil avait consulté au moment de préparer les normes pour les services de bibliothèque. Autant que je sache, l'ABSC/CHLA n'a pas été consultée.

N'hesitez pas à me communiquer, à moi ou à un autre membre du Bureau, ce que vous pensez dès nouvelles normes pour les bibliothèques hospitalières au Canada.

Je vais commencer ma lettre de novembre dès demain. J'aurai ainsi tout le temps requis pour la bien polir.

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1. Limongelli F. Accreditation: new standards published. Hospital Trustee 1983; 7: 8-9.
2. Les Normes pour l'agrément des établissements de santé du Canada. Ottawa: Conseil canadien d'agrément des hôpitaux, 1983, p. 127.
3. Guide to hospital accreditation 1977. Toronto: Conseil canadien d'agrément des hôpitaux, 1977, p. 126.
4. Les Normes pour l'agrément des établissements de santé du Canada, 1983, p. 129
5. Ibid., p. 130.

THE ROLE OF SOCIAL WORK IN PROVIDING HEALTH CARE INFORMATION

- JOHN M. FARBER, Department of Social Work
Coordinator,
St. Boniface General Hospital,
Winnipeg

I was extremely pleased by CHLA's invitation to share some remarks about the role of social work in providing health information at its recent conference.

It was very exciting indeed to participate in a conference devoted entirely to the issue of providing health care information to patients. Those of us who interact directly with patients are only too aware of the increasing demand by them for information and particularly for intelligible information.

Patients have always been given information, albeit at times perhaps incomplete, incomprehensible or ineptly given. As information providers, I believe health care providers must cast off the shackles of paternalism and protectionism that have influenced our information giving practices and pursue a course of open, free and untethered access to information. But, as we do, we must also remain cognizant that information, when given indiscriminately, inappropriately, in excess, or without due consideration of the recipient, has the potential to do more harm than good.

I believe that patient information, when appropriately administered, can be a very powerful and positive force indeed. Some of the beneficial effects of information have already been well documented. But if one accepts the positive contribution information can make, then one must be equally prepared to acknowledge its harmful potential. I am not suggesting that giving or providing information is harmful or necessarily needs to be harmful; only that our enthusiasm must be tempered with realism and that we not lose sight of our responsibility in our pursuit of patient rights. Simply because a health professional supports a patient's right to information does not vitiate his responsibility to patients as that information is provided.

Well then, what role can social work play in the information giving process? I see at least three roles for social work;

1) as an interpersonal communication and social system specialist,

2) as an advocate for patients and

3) as a developer and provider of a special body of knowledge about individuals, social systems and health.

I would like to address each of these three roles in some detail.

While I stated that one must not deny the harmful potential of information if one is to capitalize on its benefits, it is not the information itself that is necessarily harmful but rather how it is communicated, received and understood that has the potential for harm. A piece or bit of information must travel a rather perilous journey from its publication through its dissemination and reception by others. That book or article which the librarian acquires on

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A paper presented at the Seventh Annual Meeting of the Canadian Health Libraries Association. Winnipeg, Manitoba--June 14, 1983.

behalf of the health care provider and the information it contains has only begun its journey to the patient when sent to us. It must then be read, absorbed, synthesized, summarized, translated and finally transmitted. And this is particularly true for the communication of health care information, often being highly technical and often being communicated in an emotionally charged atmosphere. The challenge becomes how to communicate that piece of information to the patient in a way that will ensure that it is understood and helpful.

This is no small challenge. First, the information must be translated from the technical jargon into a language that can be understood. This can often be a very difficult process since professional languages were developed because the common language lacked sufficient precision for clear and concise communication. The degree or amount of translation required is dependent upon one's understanding of the individual's ability to comprehend the material and their readiness to receive it.

Secondly, information must be imparted with a recognition of the complex interpersonal dynamics that exist between patients and the care provider. Information is not given in a vacuum. Powerful and very influential forces, both internal and external, bear upon each of the participants, forces which can either facilitate and enhance the communication or severely impede and distort it. These dynamics coupled with the individual's receptiveness and responsiveness significantly influence what and how much material will be absorbed, understood and retained. As every health care provider will attest, at times there is little resemblance between the information uttered and the patient's recall or understanding of it. This disparity between the message transmitted and the message received is often a function of those interpersonal forces.

Social work possesses the knowledge, expertise and understanding of human interpersonal dynamics to assist in ensuring that the information offered is received and comprehended by the patient in the way it was intended. Social work has an understanding of those forces which act to enhance or deter a message and can use that understanding to optimize the effectiveness of the information. So I see the first role for social work as that of communication specialist and consultant, who can work with staff and patients to create the interpersonal environment necessary to ensure that the intended message is received and understood.

A second role for social work is as active advocate and support for the patient in their pursuit of information. Many more patients desire and require more comprehensive and intelligible information about their conditions and its treatment. This information is essential if they are to accept more responsibility for their health and participate more fully in their personal health care decisions. But some patients, while wanting the information, have difficulty obtaining it, either because they have (for a variety of reasons) difficulty asking or because they do not know how or where to obtain the information they desire. In fact, Samuel Johnson said that there are two types of knowledge: "We know a subject ourselves or we know where we can find information upon it." Obviously, librarians as a group, are in the enviable position of having the latter. Perhaps together librarians and social workers can make patients privy to that knowledge as well.

I believe it is an appropriate role for social work to encourage those patients who want more information, in their quest to obtain it. This can be effected by encouraging them to insist that their health care provider, be it physician, nurse, pharmacist, physiotherapist, etc., answer and respond to their enquiries and by insisting that the health care system make time for patients,

their questions and their concerns. I am always amazed at the number of questions which I am asked by patients about their illness and its treatment. Yet, I know very few professionals who will not answer a patient's questions once they understand the importance of them to the patient. Social work can and does help patients formulate their questions and supports and directs them in their pursuit of the answers.

Similarly, while working in conjunction with health care librarians and others, social work can develop and offer suitable information material to patients. Such is the recent proposal put forth by Dallas Bagby one of the health care librarians in St. Boniface Hospital and my Department, to undertake a project allowing both departments to join forces in producing some specialized informational packages for patients. While the project is yet unfunded, I am very hopeful that it will be funded and have no doubt of its usefulness. While I understand this type of project is not new, I believe these collaborative efforts should be encouraged, supported and expanded. If we are sincere in wanting to provide our patients with useful, helpful and effective information then we must be willing to rely more heavily on each other and our special professional expertise.

And finally, the third role I see for social work is in the dissemination of its own body of knowledge and expertise. A body of knowledge which it must make available to patients and their families.

Illness and its treatment, like information, does not exist in a vacuum. It's not the cardiovascular accident in Room 1023 that must deal with the impact or repercussions of a stroke. It's Mrs. Smith, her husband, John, and their children, Jane and Bill that must bear and adapt to the ramifications of illness and its treatment. To depersonalize an illness or a disease may aid us in dealing with the emotional impact of it, but it does absolutely nothing to help the patient. In fact, it can even be harmful, leaving people feeling abandoned, insignificant and little more than an object to be probed and prodded.

How does illness, and particularly serious illness, affect people emotionally and socially? How do families respond to serious illness? What can patients and families do to adapt or adjust to a debilitating condition? How does one's social, emotional and cultural condition effect illness? What resources exist in our communities to support patients and their families as they try to deal with the effects of illness and its treatment? These are but a few examples of the types of knowledge that social workers possess and offer to patients and their families. So a third role for social work, as with other health care professionals, is to disseminate its body of professional knowledge to patients and families.

In summary, I strongly support patient and family demands for health care information. I also sympathize and empathize with my colleagues as they cautiously but with very genuine concern try to accommodate to these demands. At the same time, I am excited by the challenge this movement offers. As threatening as it may feel at times, and with as much struggling as may be required, a better informed constituency will, I believe, lead to a more responsible health promoting behaviour and greater cooperation and collaboration between health care providers and recipients. I believe social work, with its particular expertise in and understanding of individuals and human social interaction can contribute significantly to this process.

THE ROLE OF THE GOVERNMENT LIBRARY IN PROVIDING HEALTH INFORMATION

- DAPHNE DOLAN and ATSUKO COOKE
Departmental Library
Health and Welfare Canada

Health can either be defined as a state of well being (a W.H.O. definition), or more narrowly, as a medical concept: the absence of illness. Defined either way, its scope is far beyond current medical practice. It is affected by stress, lifestyle, diet, habits such as smoking, and alcohol, and is affected by environmental factors such as occupational hazards and the quality of air and water. Social and economic factors have a profound effect on health and the access to health care. I include all these when talking about health information.

The role of the government library is defined by the role of the institution, and secondly, by the role it has been assigned by the institution. This is important to distinguish when assessing government libraries for the relevancy of their collection and the availability of their services. I shall treat Health and Welfare Libraries as a case study: How its mandate and services contribute to the overall network of health information provision in this country. I will also add some notable examples of other health information sources in federal and provincial government libraries, which may be of special interest.

The objectives of the Health and Welfare Libraries' function are defined in a written statement on the role of the library. According to this statement, the primary objective is to support the attainment of the Department's programme objectives. The secondary objective is to share library resources with users in other organizations by participating in broader networks which promote information transfer.

The primary objective determines the characteristics of the library resources: its collection and services. By describing the Departmental responsibilities and subject areas, I should be able to give you an indication of the strengths and limitations of our resources, and what and how we can contribute to the secondary responsibilities.

Health and Welfare Canada is responsible for matters relating to the promotion and preservation of the health, social security and social welfare of Canadians. Thus, it should be noted that health is only a part of our mandate.

Although health concerns are scattered throughout the Department, you will find obvious concentrated interest in branches such as Health Protection Branch, Health Services and Promotion Branch, and Medical Services Branch.

Areas of Interest in the HEALTH PROTECTION BRANCH are:

Nutritional quality and microbiological and chemical hazards of foods;

Microbiological and chemical hazards in drugs and cosmetics;

Environmental factors on human health, including air and water pollution, radiation hazards, and medical devices;

Disease control such as epidemiological surveillance, hospital and laboratory infection control, etc.

A paper presented at the Seventh Annual Meeting of the Canadian Health Libraries Association. Winnipeg, Manitoba. June 14, 1983.

In these areas the Branch is engaged in such activities as inspection, investigation, research identification of hazards, establishing standards, guidelines and regulations, monitoring, policy development, and provision of public information and education.

HEALTH PROMOTION DIRECTORATE develops programmes promoting healthy lifestyle practices for all Canadians, often in cooperation with provincial governments, professional or voluntary groups.

As recent examples, a national alcohol information programme, "Dialogue on Drinking"; a media programme on nutrition, "Eat Better, Feel Great"; a self-help programme assisting people to stop smoking, "Time to Quit", and Operation Lifestyle", an interactive computerized questionnaire, can be cited to illustrate the type of its programmes.

HEALTH SERVICES DIRECTORATE assists provinces and territories by providing health consultation programmes and financial support to improve the efficiency and effectiveness of health institutions, mental health services, community health services, and family planning services and to develop appropriate health care services for all Canadians. Recent examples of the Directorate's varied activities are:

1. Setting up guidelines for emergency services, palliative care, long-term institutional care, and day surgery;

2. Organizing workshops on rehabilitation;

3. Publication of "Canada's Mental Health" and a manual on Alzheimer's Disease.

MEDICAL SERVICES BRANCH provides health services to population groups such as: Indians and Inuit, residents of the Territories, immigrants, civil aviation personnel, physically handicapped and disaster victims. Its wide range of services includes:

The National Native Alcohol and Drug Abuse Programme, and;

Emergency Services,

which is responsible for coordinating and maintaining a national capability to provide emergency health and welfare services in crises.

Besides these branches, different aspects of health concerns can be observed in various areas of the Department:

Medical and psychological problems of the disabled is one of the major concerns of the Bureau of Rehabilitation.

For the Office on Aging, mental and physical health of the aged is an important issue.

The Departmental Principal Nursing Officer in her advisory and consulting responsibilities requires complete, up-to-date knowledge of all aspects of nursing in both Canadian and international scenes.

FITNESS AND AMATEUR SPORTS, which just came back to the Department, administers programmes to raise the fitness level of Canadians and to improve their participation in physical recreation and amateur sports.

The Departmental programmes not only encompass many areas in the health field, but also entail many different types of activities involving investigation, monitoring, research, evaluation, consultation, advisory duties, establishment of guidelines, standards and regulations, international involvements, nationwide coordination, long-range planning, information gathering and dissemination, establishment of resource centres, public education and publications for research findings, policy matters, or public information, etc.

This varied clientele with varied information requirements is served by the Health and Welfare Libraries, which consist of the Departmental Library Services, The Banting Research Centre Library, The Environmental Health Library and the Laboratory Centre for Disease Control Library, Health Services and Promotion Library and also Regional Libraries across Canada.

We subscribe to 3 to 4 thousand periodical titles, which are essential in providing the researchers with up-to-date information in their fields. We aim to have a complete collection of Health and Welfare publications, which is not as easy as it may sound, because of the many publishing bodies within the Department. We are a semi-depository library for WHO Publications.

Among the subject areas where we are attempting to have a fairly comprehensive collection for the health disciplines are:

Drug abuse (including alcoholism and smoking);

Epidemiology;

Family Planning;

Food Science;

Health Care Systems and Facilities;

Health Devices and Aids;

Medicine;

Mental Health;

Microbiology;

Nutrition;

Pharmacology;

Public Health;

Rehabilitation and

Toxicology

With regard to services to our primary clientele: There is a well-utilized online literature searching activity. We currently administer about 100 CAN/SDI profiles and through our specialized staff, a sophisticated reference service.

We have also from time to time been asked to give advice on organization and management of office collections, small resource centres or bibliographic databases.

As the provision of information itself can be considered as one of the responsibilities of the Department as a whole, we believe that by supporting the Departmental programmes we are, in fact, indirectly participating in the role of information provision.

As I mentioned earlier, because of the primary objective of the library, the major thrust of its activities is to respond to the varied information requirements of the department. Although our collection and expertise are accumulated to serve this first group, they naturally form valuable resources to the second group -- the general population through the library community. The nature of the collection is nevertheless defined by our first objective.

The literature level is geared to the professional, scientific audience. No effort is made to acquire general, popular literature. The majority of the

collection is in English or French. The emphasis is on current and up-to-date information; there is no special attempt made to collect historical materials, except of course in some core subject areas such as development of health services in Canada. Although it is not possible to provide extensive reference service to non-departmental inquiries, the reference staff can provide good referral services, give suggestions as to sources of information and provide any information which can be found within the library.

Having looked at the Health and Welfare Canada libraries and their role in the provision of health information, I would like to shift to the sources of health information in other federal government institutions. They play a variety of roles: some are information providers, others collect for their own primary clientele and are accessible through listings and loan systems, and others put up databases which you can access.

The Health Sciences Resource Centre (HSRC) of the Canada Institute for Scientific and Technical Information (CISTI) has been playing a coordinating role in cooperative collection building in Canadian health science libraries and is itself adding to CISTI's collection items not covered by other health science libraries. Unlike most departmental libraries it provides direct information services to any individuals or institutions including literature searching and CAN/SDI services with a charge for some services. Needless to say, HSRC is also a coordinator of MEDLARS for Canadian MEDLARS Centres. CISTI's holdings can be accessed through CAN/OLE as the OON Database.

The National Library also provides direct services to any individuals with charges for some services, including literature searching and CAN/SDI profile services. As the National Library is the depository library of all Canadian publications, this national resource should not be missed when seeking information of Canadian content. The National Library's collection is also accessible through CAN/OLE as the OONL Database.

The SPORT INFORMATION RESOURCE CENTRE is funded by Federal Fitness and Amateur Sports, and aims to be a documentation centre on all aspects of sports and recreation. An extensive index is available both in a printed version and online. The online database "Sport" is available through Infomart (SDC, ORBIT). This is a very good source of information on sports medicine, physical fitness and other related areas.

The Canadian Centre for Occupational Health and Safety is dedicated to promoting health and safety in Canadian workplaces by providing those people at risk with direct access to current information. In addition to its own library holding records of "INFODOC", by special agreement, it receives the CIS (Centre International D'Information de Sécurité et d'hygiene du travail) tape and microfiche and NIOSH reports (National Institute for Occupational Safety and Health). CIS is a bilingual database created by The International Occupational Safety and Health Information Centre of ILO - the microfiche are available from the centre. It is also available on QUESTEL put up by INFORMATECH. The Centre will do online searching free of charge for anyone who inquires.

Statistics Canada has the mandate to collect and make available primary statistical data. The Health Division is concerned with vital statistics, illness information, health institutions, health manpower, and social security, and makes its data available through publications and CANSIM. It is accessible through its user advisory services across the country--telephone numbers and addresses are obtainable in its directory.

The Atomic Energy of Canada Library (AECL) provides the INIS database through CAN/OLE and CAN/SDI. INIS, International Nuclear Information Systems,

is a database produced by the International Atomic Energy Agency in Vienna. AECL indexes Canadian publications including reports by the Radiation Protection Bureau of Health and Welfare, and contributes to INIS. There is general coverage in all aspects of the peaceful uses of atomic energy. Subject categories such as radiation protection, radiation hazards, safety and radiation and nuclear techniques in medicine are particularly interesting to us.

Environment Canada's Library holding list, ELIAS, is available through CAN/OLE. Information on environmental issues and concerns may be found here.

The library of the International Development Research Centre (IDRC), makes available various databases from United Nations agencies as well as its own holding records. Among them:

BIBLIOL is the IDRC Library database and includes topics such as family planning, health, nutrition, with emphasis in developing countries.

SALUS is a database covering literature mainly on low cost rural health care and health manpower training in developing countries.

The Scientific Information Centre of the Defence and Civil Institute of Environmental Medicine, Toronto, is important too. The Institute has research and development divisions in the behavioural sciences, the biosciences, and medical information support. Programmes of interest are Human Effectiveness in Hyperbaric Environments, Human Response and Adaptation to Adverse Environments (such as extreme cold), Human Perception and Performance, and Ergonomics.

At the Agriculture Canada Library, you would find information on veterinary medicine and food and nutrition, and also FAO publications.

Consumer and Corporate Affairs Library has been coordinating the distribution of material on ureaformaldehyde and deals with other health hazards in products on the consumer market.

Mentioned here are only some examples of information treasures scattered throughout the Federal Government libraries. The Federal responsibilities require high-level subject specialists in many different fields. Their high expectation of libraries results in subject strengths of the special libraries in the Federal Government.

On the provincial level there are government libraries in the Ministries of Health, Labour, Natural Resources, and Workmen's Compensation Boards which are all players in the provision of health information. To be indicative rather than comprehensive, I shall describe a few Ministry of Health Libraries and their mandates:

Starting with the Province of Manitoba (because everyone starts at either end of the country), the role of this government library is very extensive, with three levels of service: To its primary clientele, The Ministry, it offers full service; to other government departments, libraries, and individuals in the health field, it offers orientation, free photocopies and reference; and to the third level, the general public, it makes its collection available for lending and for photocopying (at a price). The Library distributes The Ministry's publications and those of Health and Welfare Canada. It assumes a role in the provision of health information to the consumer - or end user.

In contrast, The Ministry of Health in British Columbia has a much more narrowly defined role--to provide health information to its primary user group, The Ministry, and secondly to other libraries. Within the Province, the Library reaches all its nursing stations by providing a table of contents service. Because of economic conditions, The British Columbia Ministry of Health has severely limited its publication program. The role of The Ministry in the provision of health information to the end user is very limited. In this province, the existence of a non-governmental organization, The British Columbia Medical Association Library Service, run by Bill Fraser, is a major player in this context.

In Québec, The Library of the Ministère des Affaires Sociales views its role as provider of health information to the public, health institutions (which account for 15% of its workload) and the Ministry staff. Its objective is to reach all areas of the province. The library is in the midst of a major systems study--analysing the need for more indepth indexing and for online access in all six regions of Québec.

There are issues evolving which will affect the future role of the Health and Welfare libraries. The Access to Information Act is to come into effect in July 1983. The Department will have to make accessible many more of its records than ever before. The libraries are only implicated in a minor way--to be the reading rooms perhaps, and to redirect the inquiries, but it does change the role of the institution in the provision of health information.

Secondly, the restraint environment has severely affected the government library and its service to the community. Without a mechanism to charge for service, with a limited resource base, and now with its holdings available in DOBIS, the Health and Welfare Libraries, along with many other government libraries who are in DOBIS or UTLAS, are looking at their roles very seriously. Federal Government libraries are questioning their abilities to meet the demand for service.

The government libraries in this country are rich sources of health information because of their mandates to serve their programmes. The role they play in the provision of health information to others is not consistent at the present and is in a state of change--which direction is followed is still to be determined.

ARE YOU INTERESTED IN READING BOOK REVIEWS?

The Editors hope to institute a book review column as a regular feature of BMC.

Do you know of any interesting new publications which you would like to review? Or do you have suggestions for possible reviewers? If so, please contact the Editors.

Reviews should be a maximum of 2 pages (8½" x 11") in length and should include a commentary on the Canadian content of the book or its application in Canada. Reviews for books in the fields on information science and general health sciences will be accepted. Reviews of new reference titles are encouraged.

THE ROLE OF THE HOSPITAL LIBRARY IN PROVIDING HEALTH INFORMATION

- KATHY EAGLETON
Brandon General Hospital

The Setting

A hospital, whether we like it or not, is an illness factory; prevention takes a very secondary role. We are surrounded by illness; the hospital librarian's task occurs within that illness setting.

Within this setting, we are dealing with patients - people who are caught within our illness factory. We are also dealing with patients' feelings. The hospital setting can have a tremendous effect on a person's sense of identity and well-being. In this position, the patient may not even know what it is they want to know.

Patient Information Sources

The traditional means of information transmittal has always been directly from the physician, but as more people come into the health care team, more people become involved in this process. Nevertheless, the physician retains the ultimate responsibility in most settings.

A patient dilemma occurs when the physician, for whatever reason, does not provide information appropriate to the needs of that patient. It has been well-documented that this occurs frequently enough to be of major concern to patients.

Increased knowledge about one's illness may lead to a change of behaviour, to ameliorating effects during treatment, to compliance with recommended regimens; in any event, increased knowledge is likely to help a patient feel more in control of their situation.

It cannot be ignored or denied that patients are in fact getting health information from a variety of sources. Many surveys have indicated that much of it is garnered through the lay press, from television, and through exchange of reminiscences, i.e., from lay sources. Therefore, whenever any library is making available local newspapers or womens' magazines, for instance, they are providing health information.

The Question of Patient Rights

The American Hospital Association led the way with its Patient's Bill of Rights in 1972; less well known is the 1974 Consumers' Association of Canada statement, Consumer rights in health care.

In this document, the first suggested right - to be informed - includes the right to be informed about preventive health and about the individual's own diagnosis and specific treatment program. This, together with the third right - to participate in decision-making affecting his health with the health professionals involved in his care - directly impinges on a concept central to hospital practice, that of informed consent.

Although this statement has been circulated for almost ten years, few concrete results have come of it to date. Increasingly, however, there is a movement to

A paper presented at the Seventh Annual Meeting of the Canadian Health Libraries Association. Winnipeg, Manitoba. June 14, 1983.

have patients' rights recognized in law. In Manitoba, for instance, the Manitoba Association for Rights and Liberties presently has under discussion a Proposal for the Protection of Patients' Rights. Janet Storch, in her recent book, makes many pertinent points, and the reader is referred to that source for expansion on the rights issue.

Information Sharing

Health professionals have traditionally shown a reluctance to share health information. This is contrary to the norm for librarians, whose whole aim in life is to make information available; it requires some consideration for the librarian in the hospital setting. Information is power, especially when it is not shared (Storch: 33). Power can be further maintained by making the information as mysterious and inaccessible as possible so that only the health professional can understand what it means. This is the problem which all hospital librarians face.

The other side of the coin is the patient who surely has the right to choose not to receive information - to choose to leave all decisions in the hands of the health care professional. Storch makes the point that to give information where it is not wanted is to be paternalistic.

The Self-Help, Self-Care Movement

The parallel development of this movement has reflected fundamental changes in the health care requirements of society and its priorities; many practices are increasingly amenable to self-care and many more individuals are both eager and anxious to take responsibility for their own health. This is in tune with many governmental statements of the last few years.

This situation creates increasing tension between the health care professional and the patient/consumer, but given the right atmosphere and properly handled, this should enhance rather than hinder professional/patient contacts. Indeed, we now find many health professionals playing a leading role in creating and supporting self-help groups. One of the main expectations of such groups is relevant information, frequently about a particular disease condition. The hospital library can be instrumental in providing that information at a lay level.

Ethical/Legal Considerations

This question has been dealt with comprehensively in other sessions of this conference; suffice to say therefore, that the hospital library must be cognizant of what is to many, a thorny question in the provision of health information. One point must be stressed, however. Health information is not synonymous with health education; the librarian must be ever aware of this.

The Patient Library Service

Standards

In North America the predominant force for patient library standards has come from the American Library Association's Standards of 1970 where reference is made to "recreational, therapeutic and educational materials". In addition, the Canadian Council on Hospital Accreditation has standards for patient libraries in long term care and psychiatric hospitals, although none for acute care hospitals, even in the 1983 revision. The Canadian requirements are for "current literature on a variety of topics" and "reference and popular reading". It is quite feasible for the hospital librarian to use both of these standards to help in establishing a patient library containing health information, since "educational" and "reference" are nowhere defined.

The United Kingdom

The UK tradition has been one of a dichotomy between the professional and patient libraries in hospitals. Although patient libraries have long been established, it is normally the public library or a volunteer organization which runs the patient library.

Recently, a research programme on the usefulness of materials emanating from the multitude of voluntary organizations in the UK was conducted by the Wessex Regional Library and Information Service. This has developed into a staffed position within the Region in which preliminary documentation of materials is now being conducted, and a reference service is being provided from that bank of data. It is hoped to make the information available for sale on floppy disks.

The United States of America

Two programmes probably stand out; the Kaiser-Permanente Medical Program in Oakland, California, and the V.A. Medical Center Patient Education Center/ Library in Minneapolis, Minnesota. In many ways, these may be considered "ideal". The reader is referred to items in the reference bibliography for further information.

Some salient points from the V.A. programme may, however, be made here. The success of the service has been achieved through thorough discussion and understanding of all groups involved, plus review of all materials; the production of good in-house packages and an apolitical stance by the library leads to confidence in the collection.

Smaller-Scale Services

It is entirely possible for the hospital library to provide services without the large expenditure of money or grandiose schemes. In addition, this aspect of library service is often of interest to service groups and other funding bodies from whom donations may be solicited.

A ward/unit service may be provided, either from the main library or the patient library. The question to be addressed may be to centralize or decentralize collections. This may differ with the institutional philosophies and the strength of existing patient education departments.

Patient information packages can be developed, given the goodwill and intentions of relevant personnel within the institution, and at a minimum cost. Audio-visual teaching units may be prepared quite simply if the library staff are already used to handling audio-visual materials.

Self-help groups are more than willing to supply materials and vast quantities are available from various government agencies, particularly on health maintenance. This material is frequently free of charge.

Pamphlet racks and displays can be advantageously positioned throughout the hospital, and particular choices may be made by nursing and other units for use in their areas. The library can assist by maintaining a master file and/or stocks of pamphlets.

For those hospitals with a technological bent, the use of TELIDON is becoming more feasible both for national or local databases and computer-assisted learning programmes can be developed for use with library microcomputers.

The hospital library, therefore, should alert itself to the responsibilities of providing both disease-oriented and prevention-oriented materials, presented at a level comprehensible to the lay public. The library staff can provide traditional expertise in collection and dissemination and act as a back-up resource; they can also, should they choose, become initiators, consensus makers and facilitators in this vital area of health information for the consumer.

Ask yourself these questions. When I am a patient, what information will I want and how will I get it? When you can answer these questions to your satisfaction you will be well on the way to becoming the information provider which all hospitals need.

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AVANT-PROPOS

Le but envisagé par la publication de CANHEALTH est de fournir un receuil du"contenu canadien" du travail des bibliothèques canadiennes des sciences de la santé et de tenter de situer ces bibliothèques dans le plus large contexte canadien et nord-américain CANHEALTH n'est pas un manuel de procédures et ne devrait pas être considéré comme remède universel à tous vos problèmes bibliothécaires. Cependant, on espère qu'il sera utile à ceux qui travaillent dans des bibliothèques canadiennes pour les aider à découvrir les rapprochements et les différences qui existent entre elles et vis à vis les bibliothèques des sciences de la santé aux Etats-Unis. Nous aimerions aussi répandre des renseignements qui touchent sur des ouvrages de référence, des fournisseurs et des modes de procéder particulièrement canadiens.

Cet ouvrage est basé sur le Guide to Canadian Health Science: Information Service and Sources écrit pay Phyllis Russell et publié en 1974 par la Canadian Library Association, et sur des épreuves préparatoires à une révision rédigées par Martha Stone en 1978/79. Lorsque cette série d'articles aura paru au complet, l'Association des bibliothèques de la santé du Canada envisage d'en publier une édition révisée et de les réunir dans un volume. Ceci marquera l'occasion de la première publication d'un ouvrage exprès par l'Association et doit être vu comme un effort en commun qui exige la collaboration de tous les membres. Nous encourageons nos membres de chapitres de nous faire part de leurs commentaires et des corrections à apporter, pour assurer que les renseignements fournis sont à la fois exacts et utiles. Le produit final devrait être le résultat d'un effort coopératif, alors s'il vous plaît aidez-nous.

Nous sommes dans l'obligeance de nous excuser auprès de nos collègues francophones pour la nature unilingue de cette publication. Nous avons l'intention de publier la version finale dans les deux langues. Cependant, le coût de traduction et le temps requis ne nous permettent pas de produire les chapitres préparatoires dans le deux langues.

PREFACE

The purpose of CANHEALTH is to provide Canadian health libraries with a source for the "Canadian content" of their work,and to attempt to show how health libraries in Canada fit into the wider Canadian and North American context. CANHEALTH is not a library manual, and it should not be seen as the panacea for all a library's problems. We hope, however, that it will help those who work in Canadian libraries to discover the many differences and similarities which exist between their own libraries and health libraries in the United States. We hope they will also become acquainted with particular Canadian reference tools, suppliers and procedures of which they were not aware.

The present work is based on the Guide to Canadian Health Science: Information Services and Sources written by Phyllis Russell and published by the Canadian Library Association in 1974, and on preliminary drafts of a revision prepared by Martha Stone in 1978/79. When this series of articles is completed the Canadian Health Libraries Association hopes to publish a revised edition in one volume. This will be the first "occasional paper" published by the Association, and it should be a joint effort shared by all membership. We urge Chapter members to take particular responsibility to send us corrections and comments, in order that the facts can be both correct and useful The final product should be the result of a cooperative effort by all of us. Please help.

We apologize to our francophone colleagues for the unilingual nature of this work as it now appears. We intend that the final version will also appear in French. The costs of translation in both time and money, however, make it impractical to produce the draft chapters in both languages.

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This revision to General Biomedical Reference Tools has been prepared by the staff of the H.S.R.C. and suggestions for additional listings should be sent to them or to the Editors of CanHealth. The original edition was prepared for a continuing education course in 1981 and was designed to supplement the syllabus produced by the Medical Library Association.

We are grateful to HSRC for revising this listing and invite suggestions for improvement.

M.A. Flower
D.S. Crawford

GENERAL BIOMEDICAL REFERENCE TOOLS

Canadian Supplement: August 1983

Prepared by:
The Health Sciences Resource Centre, CISTI

CANADIAN BIOMEDICAL REFERENCE TOOLS
Canadian Supplement: August 1983

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INTRODUCTION

This compilation points to those Canadian biomedical reference tools which parallel and/or supplement the publications listed in the syllabus for the Continuing Education Course CE4, General Biomedical Reference Tools. It is not intended to be a comprehensive list of Canadian reference materials.

The following special libraries may be useful in assisting with difficult reference problems:

Health Sciences Resource Centre Canada Institute for Scientific and Technical Information National Research Council of Canada Building M-55 Ottawa, Canada K1A 0S2	Telephone: 613-993-1604
Departmental Library Health and Welfare Canada Brooke Claxton Building Ottawa, Canada K1A 0K9	Telephone: 613-996-4434
Library, Health Protection Branch Health and Welfare Canada Frederick G. Banting Research Centre Ross Avenue Tunney's Pasture Ottawa, Canada K1A 0L2	Telephone: 613-593-6527 or 6535
Library, Canadian Nurses' Association 50, The Driveway Ottawa, Canada K2P 1E2	Telephone: 613-237-2133 Ext. 38 or 49
Canadian Library of Family Medicine Sciences Library Natural Sciences Centre University of Western Ontario London, Canada N6A 5B7	Telephone: 519-679-2537

DIRECTORIES

Title: The 1983 Corpus Almanac and Canadian Sourcebook, edited by C.E. Clarke 1983.

Publisher: Corpus Information Services
1450 Don Mills Road
Don Mills, Ontario M3B 2X7 Telephone: 416-445-6641 Ext. 452

Price: (2 volumes) - $87.00 + $6.00 for shipping and handling.

Description: A general reference work useful in identifying public libraries, government organizations, associations, etc.

Title: Canadian Almanac and Directory, edited by Susan Walters, 1983 (136th edition).

Publisher: Copp Clark Pitman. Distributed by Richard de Boo Limited.
Order Department: 81 Curlew Drive
Don Mills, Ontario
M3A 3P7 Telephone: 416-445-4940

Price: Hardcover: $49.95, (no 1981 paperback)

Description: Similar to the Corpus Almanac of Canada. A complete directory of municipal, provincial and federal governments.

Title: Canadian Hospital Directory/Annuaire des hôpitaux du Canada

Publisher: Canadian Hospital Association
Sales and Circulation
17 York Street
Ottawa, Ontario K1N 9J6 Telephone: 613-238-8005

Published annually

Price: 1982 volume 30, $37.50 + 7% Tax for Ontario Residents

Description: Tabular breakdown of the number of hospitals in Canada, and in each province by classification, service and bed size; a complete listing of hospitals, with statistics; a supplementary listing of hospitals by provinces under special facilities and services; out-patient health care listings; poison control centres; educational programs for hospital personnel; training programs and posts accredited by the Professional Corporation of Physicians of Quebec; provincial hospital/health associations with listing of directors; comparison of provincial hospital plans; comparison of provincial medical/health services plans; associations index by subject heading; hospital associations and allied organizations by medical fields; buyer's guide for hospital purchasers with an alphabetical listing of products and their suppliers and a supplier's individual listing.

Listings included in alternate years:
- Even Years - comparison of Provincial Medical/Health Services Plans
- Odd Years - Hospital Constructions Tables (1982)

Bilingual

Title: Canadian Medical Directory

Publisher: Canadian Medical Directory
Southam Communications, Limited
1450 Don Mills Road
Don Mills, Ontario M3B 2X7

Price: 29th edition, $57.00 + $3.99 Ontario Tax

To order by phone or for information: 416-445-6641, Ext. 282

Description: The 29th edition contains three sections: the white pages, which contain the biographical listings of physicians; the blue pages, listing physicians by province and town; and the buff pages, containing miscellaneous information.

In the white pages will be found biographical listings in alphabetical order for every qualified civilian doctor known to be in Canada at the time of publication, with the exception of Medical officers of the armed forces and those doctors who graduated from Canadian medical schools in the previous year. Their names will found in the buff pages.

For each doctor the following information is given, as appropriate: name, first name and initials; office address (if in private practice); home address if different; university and year of graduation; other degrees, including specialist certificates and appointments.

The buff pages include information on medical societies; medically-related branches or government, both federal and provincial; medical school faculties; hospitals and nursing institutions listed by province and city; poison control centres in Canada; medical journals; and medical meetings to be held through the year of issue.

Title: Directory of Canadian Information Services for the Physically Disabled, prepared by Steven S. Levy. (Cover title: Resource manual of Canadian Information Services for the Physically Disabled), 1982

Publisher: Canadian Rehabilitation Council for the Disabled
One Yonge Street, Suite 2110
Toronto, Ontario
M5E 1E8 Telephone: 416-862-0340

Price: 1982 3rd edition, $25.00

Description: A directory based on data collected in a national survey (1982). It lists 305 organizations which provide information services for physically disabled in Canada. It is organized by provincial, territorial and national services. A listing of individual organizations by sections is given at the beginning. Within each section, organizations are listed alphabetically with descriptive data on services. General information on aids to daily living, counselling, therapy, publications, legislation etc. is given in a matrix at the end of each section. An index includes other specialized information.

Title: Directory of Federally Supported Research in Universities/Répertoire de la recherche dans les universités subventionnée par le gouvernement fédéral, 1980, Information Exchange Centre for Federally Supported Research in Universities (IEC), CISTI/NRC

Publisher: Canada Insititute for Scientific and Technical Information

Frequency: Every 2 years

Price: 1981-1982 9th edition, volumes 1 and 2, $53.00
(NRC No. 20962)

Order from:
Publications Section
Canada Institute for Scientific and
Technical Information
National Research Council of Canada
Ottawa, Ontario K1A 0S2 Telephone: 613-993-3736/1205

Description: A listing of over 10,000 current university research projects funded by federal agencies for the fiscal year April 1, 1981 to March 31, 1982.

Volume 1 consists of 4 parts:

1) White pages list research support by agency and entries include names of investigators, affiliation, project title and amount of fund awarded;
2) Green pages list research investigators by IEC numbers;
3) Yellow pages provide fiscal break-down by agency;
4) Blue pages provide fiscal break-down by province.

Volume 2 is a computer-generated keyword-out-of context (KWOC) subject index arranged alphabetically by English and French terms appearing in the titles.

IEC numbers are alpha-numeric codes served as cross-references between the sequential listing in Part 1 (White) and the rest of the Directory.

Bilingual

Title: Directory of Long Term Care Centres in Canada/Répertoire des centres de soins de longue durée au Canada

Publisher: Canadian Hospital Association
Sales and Circulation
17 York Street
Ottawa, Ontario K1N 9J6 Telephone: 613-238-8005

Price: Volume 1, 1980, $20.00 (out of print)

Revised Edition: Volume 2, 1982 edition is a reprint of vol.1 with corrections ($20.00).
Volume 3, 1984 edition will be available Oct. 1984

Description: It covers a wide variety of well-defined care facilities such as homes for the aged, nursing homes, special care homes and emotionally disturbed children. It gives a general outline of types or levels of care and their definitions as offered in Canadian long-term care facilities. Tables provide data on centres across Canada by type, size, distribution of beds set up for use in providing various types of service. Includes listings of provincial hospital/health organizations, federal and provincial governmental health offices, buyer's guide, alphabetical listing of manufacturers and distributors supplying equipment and services, and advertiser's general index.

Bilingual

Title: Directory of MRC Fellows/Bottin des boursiers du CRM, 1983

Publisher: Medical Research Council of Canada, MRC
Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario
K1A 0W9

Price: Free, published annually

Order from Awards Programme, MRC
Telephone: 613-996-8173

Description: This directory is intended for use by persons seeking individuals with special training in various fields of biomedical research. It lists MRC research fellows alphabetically and in tabular format gives information on degrees, address, research supervisor and field of research.

Bilingual

Title: A Directory of Occupational Health and Saftey Libraries and Collections in Canada, edited by W. Keith McLaughlin, 1982

Publisher: Research and Education
Alberta Workers' Health, Saftey and Compensation
5th Floor, 10709 Jasper Avenue
Edmonton, Alberta
T5J 3N3 Telephone: 403-427-3530

Price: Free
1983 edition is expected

Description: A 53-page directory listing member libraries of the Ad Hoc Committee of Canadian Occupational Health and Saftey Librarians. It is designed to increase communication and resource-sharing among Canadian libraries specializing in this subject area. The entries are arranged alphabetically by province and include address, staff, collections, subject areas and services offered. Index to Contact People and Index to Libraries are included.

Title: Government of Canada Telephone Directory. National Capital Region/Gouvernement du Canada Annuaire téléphonique. Région de la capitale nationale

Publisher: Department of Communications
Journal Tower North Building
300 Slater Street
Ottawa, Ontario K1A 0C8

Price: $9.00 per issue or $17.00 annually. December 1983.

Order from:
Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Ontario K1A 0S9 Telephone: 613-994-3475

Description: This is a Federal Government telephone directory with departmental and personal name sections. Published quarterly.

Bilingual

Title: Health Sciences Information in Canada: Libraries/Information en sciences de la santé au Canada: bibliothèque, Health Sciences Resource Centre (HSRC), CISTI/NRC

Publisher: Canada Institute for Scientific and Technical Information

Price: $15.00

Order from:
Publications Section
Canada Institute for Scientific and Technical Information
National Research Council of Canada
Ottawa, Ontario K1A 0S2 Telephone: 613-993-3736/1205

Revised edition: 1982.

Description: A directory of over 500 health sciences libraries in Canada.

Entries include name of organization or library, address, telephone/telex number, name of person in charge, services offered to external users, language of service, collection size and collection subject specialty.

Bilingual

Title: Scientific and Technical Societies of Canada/Sociétés scientifiques et techniques du Canada. Compiled by the Canada Institute for Scientific and Technical Information, 1982.

Publisher: Canada Institute for Scientific and Technical Information

Price: 1982 7th edition, $8.00 (NRC No. 20870)

Order from:
Publications Section
Canada Institute for Scientific and
Technical Information
National Research Council of Canada
Ottawa, Ontario K1A 0S2 Telephone: 613-993-3736/1205

Description: A directory of 413 national, provincial and regional societies devoted to a scientific or technical discipline or group of disciplines and concerned with the study, development and dissemination of knowledge. Trade associations, local societies, undergraduate groups and strictly fund-raising organizations are excluded.

Each entry includes items such as history, purpose, membership, meetings, professional activities, publications and sometimes library description. A KWOC index to socities and an index to the societies publications are included.

Bilingual, however the societies have contributed in the language or languages of their choice.

DRUG HANDBOOKS

Title: Canadian Drug Identification Code/Code canadien d'identification des drogues, 1982

Publisher: Drug Information Division
Drugs Directorate, Health and Welfare Canada
355 River Road
Vanier, Ontario K1A 9B8 Telephone: 613-993-1682

Price: $10.00

Order From: Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Canada K1A 0S9

Latest Issue: 1982 9th edition
1983 issue expected Oct. 1983 - issued every year.

Description: The code book lists over 15,000 Canadian drug products. Listings of product brand names, identification numbers, alphabetical listing of manufacturers and their products. Medicinal ingredients, dosage forms, routes, package sizes, and cross references to identical medicinal formulations are shown.

Bilingual

Title: Canadian Self-medication; a Reference for the Health Professions, 1981

Publisher: Canadian Pharmaceutical Association
1815 Alta Vista Drive
Suite 101
Ottawa, Ontario
K1G 3Y6 Telephone: 613-523-7877

Price: 1st edition, $35.00 (members); $39.00 (non-members)
2nd edition expected in 1984

Description: As a guide to Canadian health care practitioners for advising their patients on non-prescription medication, it compliments the Compendium of Pharmaceuticals and Specialties (CPS) on prescription medications. Authoritative recommendations on the most suitable products for self-medication are provided.

Section 1: contains 22 chapters, each co-written by leading practitioners on a particular treatment or group of products. Each chapter gives a list of formulated questions to diagnose the patient. Advice is given on the choice of treatment, dosage, adverse effects and precautions.

Section 2: product monographs - listed by registered trademarks. They describe individual non-prescription products in terms of indications, dosage and ingredients. Includes a compiled list of references, Non-proprietary Brand Name Index, General Index and Manufacturers and Distributors Index.

Title: Compendium of Pharmaceuticals and Specialties, 1983 (CPS)

Publisher: Canadian Pharmaceutical Association
#101 - 1815 Alta Vista Drive
Ottawa, Ontario K1G 3Y6 Telephone: 613-523-7877

Price: 1983 18th edition, $47.00
($39.00 for first copy to members of the CPA)

Revised Edition: 1984 19th edition in preparation, expected Spring 1984.

Description: English and French editions published in separate volumes.* This annual publication is in six sections:

1. White pages contain products listed by trademark name with full description.

2. Blue pages include tables on various topics including recommended treatments for various diseases, on selected products and a vitamin chart.

3. Pink pages are prescriber's guide and therapeutic index listed by headings which may be pharmacological, therapeutic or chemical.

4. Product recognition section with full-color illustrations of capsules, cross references to white pages and alphabetical index.

5. Yellow pages contains a key to abbreviated names of manufacturers as used in CPS and an alphabetical list of manufacturers with their products.

6. Green pages are an index of names of single entity drugs - brand and non-proprietary names.

7. Grey pages are a key to CPS abbreviations and Latin prescription terminology; tables of equivalents and conversion factors; relationship of units of length, volume and weight; principles and procedure for the divising and selection of International Nonproprietary names for Pharmaceutical Substances; drug schedules of the Food and Drugs Act; a list by province of Poison Control Centres.

*Title of French edition - Compendium des produits et spécialités pharmaceutiques

EDUCATION, MEDICAL

Title: ACMC/AFMC Forum

Publisher: Association of Canadian Medical Colleges
#1120 - 151 Slater Street
Ottawa, Ontario K1P 5H3 Telephone: 613-237-0070

Price: Free (published bimonthly)

Description: Contains news of Canadian medical schools, including statistics of enrollment, faculty appointments, library collections, notices of meetings, new publications and academic vacancies.

Title: Medical Practice in Canada / L'exercise de la médecine au Canada, 1983

Publisher: Council on Medical Education
Post Office Box 8650
Ottawa, Canada K1G 0G8 Telephone 613-521-6012 or 731-9331

Price: Free

Revised Edition: 1983

Description An information brochure for graduates of foreign medical schools.

Title: Medical School Admission Requirements to Canadian Faculties of Medicine and Their Selection Policies / Conditions d'admissions aux facultes de médecin canadien et leurs politiques de selection. 1982-83

Publisher: Association of Canadian Medical Colleges
#1120 - 151 Slater Street
Ottawa, Ontario K1P 5H3 Telephone: 613-237-0070

Price: $6.00

Description: An occasional publication designed as a counselling tool and information source. This booklet is intended primarily for aspiring medical students, guidance counsellors and for use in registrar's offices. In addition to providing general information on such things as MCAT and interview requirements, premedical subjects and educational costs, the booklet also gives the detailed admission requirements for each of Canada's sixteen medical schools. No revised edition is scheduled. For up to date information, students should write to their individual medical schools.

Bilingual

HISTORY

Title: An annotated bibliography of Canadian Medical Periodicals 1826-1975; by Charles G. Roland and Paul Potter, 1979

Publisher: Hannah Institute for the History of Medicine
50 Prince Arthur Avenue
Toronto, Ontario M5R 1B5 Telephone: 416-924-3368

Price: Available free for interested students and librarians; generally not for sale.

Description: A successor of an earlier work entitled: Bibliography of Canadian Medical Periodicals, with annotations, compiled by H. Ernest MacDermot for McGill Uniersity in 1934. The present edition has the objective to rectify errors and omissions present in the earlier book and to continue the bibliography from 1934 to 1975. Titles are chosen selectively. There is general uniformity in the format of entries which are alphabetically arranged. Each entry includes frequency of publication, numbering of volumes and issues, locations, editors and annotated notes. Information gathered is based on personal research and the Union List of Scientific Serials in Canadian Libraries. It includes abbreviations for library locations, figures and illustrations, reference, index of editors' names, geographical index of journals and chronological index of journals.

LIBRARY HANDBOOKS AND ACQUISITION TOOLS

Title: Canadian Locations of Journals Indexed for MEDLINE
Health Sciences Resource Centre, CISTI/NRC/Dépôts canadiens des revues indexées pour MEDLINE
Centre bibliographique des sciences de la santé, ICIST/CNR

Publisher: Canada Institute for Scientific and Technical Information

Price: 1983 12th edition, $20.00 (NRC No. 20985)

Order from:
Publications Section
Canada Institute for Scientific and
Technical Information
National Research Council of Canada
Ottawa, Ontario K1A 0S2 Telephone: 613-993-3736/1205

Description: A listing of more than 3,000 journals in the health sciences as covered by the MEDLARS system and their location in Canadian libraries.

Bilingual

Title: A Health Sciences Library Basic Manual; For library staff in small health care institutions. Edited by S.C. Maxwell, 1982.

Publisher: Ontario Medical Association, Accounting Office
240 St. George Street
Toronto, Ontario M5R 2P4

Telephone: 925-3264, Ext. 230/1 or Toll Free
1-800-268-7215

Price: 1982, 2nd edition $16.00 + $3.00 postage

Description: This 95-page manual is based on the program of a workshop held in Toronto in August 1970 under the joint auspices of the Ontario Medical Association, the Ontario Hospital Association, and the Registered Nurses' Association of Ontario. The workshop was directed toward library staff without previous library training and with a minimum of library experience. Covered in the manual are administration, collection development, organization of library materials and library services.

Title: Outline for the Organization of Hospital Libraries, by Beatrix H. Robinow. (Revised Edition, 1975)

Publisher: Canadian Hospital Association
Sales and Circulation
17 York Stret
Ottawa, Ontario K1N 9J6 ` Telephone: 613-238-8005

Price: Out of print.

Description: The outline was written as a simple guide for Canadian non-professional librarians who have to initiate and run libraries in hospitals, and who have no library training or experience. Much of the material for the original edition was prepared for a Workshop given at the University of Toronto Library School in 1966. The revised edition is an updating through 1974 of the original material.

NON-BOOK MATERIALS

Title: Canadian Film Institute Film Catalogue (not available until September, 1983)

Publisher: CFI Film Library
Suite 204 - 211 Watline Avenue
Mississauga, Ontario L4Z 1P3
Telephone 416-272-3840

Description: Over 900 film titles on all aspects of the health field including such areas as addiction, hospital and patient care, marriage and family life, diseases, mental health, first aid and safety, child care and development.

Price: Not available

NOTE: This catalogue is replacing A Directory of Films on the Health Sciences (latest edition 1975, is no longer available)

Title: Non-book materials; The Organization of Integrated Collection, Jean Riddle Weihs, Shirley Lewis and Janet Macdonald.

Publisher: Canadian Library Association
151 Sparks Street
Ottawa, Ontario K1P 5E3 Telephone: 613-232-9625

Price: 1979 edition (127 p.), $12.00

Description: A guide which covers basic cataloguing policy and rules for non-book materials with references made to card catalogues and the Anglo-American Cataloguing Rules (AACR II). It is written for all types of libraries and media centres with an omnimedia catalogue, i.e. one in which the entries for both book and non-book materials are interfiled. General suggestions for the storage of an integrated collection are given. The cataloguing principles can apply to all kinds of catalogue production methods including on-line cataloguing. A work under the advice by the ALA/CLA Joint Advisory Committe on Non-book Materials.

PERIODICALS

Title: Canadian Medical Association Journal

Publisher: The Canadian Medical Association
CMA House, Box 8650
Ottawa, Canada K1G 0G8 Telephone: 613-731-9331

Frequency: Bimonthly - in two volumes per year.

Price: $57.00 in Canada; $69.00 in U.S.A., others $84.00; single issue $4.25; back issue $5.50.

Description: The CMA Journal is the official publication of the Canadian Medical Association. It contains articles and correspondence of particular interest to Canadian physicians; reviews of articles from other journals; Canadian postgraduate course announcements; and classified advertisements.

Title: Canadiana. Compiled and edited by the Cataloguing Branch, National Library of Canada.

Publisher: National Library of Canada
395 Wellington Street
Ottawa, Ontario K1A 0N4

Price: Issued monthly, its price is $7.75 per copy (Canada) and $9.30 per copy (foreign). Free to Canadian libraries and publishers. Subscriptions: $84.00 per year (Canada); $100.80 per year (foreign).

Order from:
Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Ontario K1A 0S9 Telephone: 613-994-3475

Description: Lists publications of Canadian origin or interest. In addition to material published in Canada, it includes material published in other countries if written by a Canadian or if Canadian in subject.

Title: The Quarterly Catalogue of Government of Canada Publications/Catalogue trimestriel des publications du gouvernement du Canada

Publisher: Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Ontario K1A 0S9 Telephone: 613-994-3475

Price: $20.00/year (Canada); $24.00/year (other countries).

$4.00 / copy (Canada); $4.80/copy (other countries).

Description: Formerly the Monthly Catalogue of Canadian Government Publications (before 1979). It lists government publications during the quarter. It contains all publications included in the Weekly Checklist and the Special List. Bilingual index.

For those who wish to be be more up-to-date, a Weekly Checklist of Government Publications is available at $52.00 per year.

STATISTICS

Title: Canada Health Manpower Inventory/Répertoire de la main-d'oeuvre sanitaire au Canada, 1981

Publisher: Minister of National Health and Welfare Canada

Price: 1981 11th edition, free

Order by mail from:
Publication Coordinator
Health Services and Promotion Branch
Jeanne Mance Building
Health and Welfare Canada
Ottawa, Ontario
K1A 1B4 Telephone: 613-996-3586

Description: It gives accurate figures of number of persons in some 27 categories of health manpower from 1971-1981. It includes a tabular summary of all categories. Primarily it aids in manpower research and planning. Among the basic sources are the national associations by various professional groups, Statistics Canada and certain commercial organizations.

Bilingual

Title: Canadian Medical Education Statistics/Statistiques relatives à l'enseignement médical au Canada, 1981-82

Publisher: Association of Canadian Medical Colleges
151 Slater Street
Ottawa, Ontario K1P 5N1 Telephone: 613-237-0070

Price: $15.00

Revised Edition: 1980-81 edition to be published in Summer 1981

Description:

A. General information about Canadian Medical Schools (4 tables).

B. Undergraduate medical enrollment and graduation data (32 tables).

C. Graduate medical education (40 tables) including:

- masters and doctoral level enrollment and graduation
- trends in the medical sciences;
- continuing medical education;
- internship;
- residency/specialty

D. Data related to faculty members of Canadian medical schools (4 tables).

E. Biomedical research expenditures (3 tables).

F. Evaluation (4 tables) concerning students academic performance.

G. Applicant Study Data (43 tables). Data related to applicants to Canadian medical schools showing the characteristics of successful and unsuccessful applicants, such as their geographic origin, citizenship, age, sex, scores on the Medical College Admission Tests, number of applications filed, educational attainment, last university attended. For the first time ever, data area available on the number of repeat applicants (those who reapply in the year following rejection of previous application), showing their success rates and characteristics.

Bilingual

Title: Directory of Health Division Information, 1980*

Publisher: Statistics Canada, Health Division,
Research and Analysis Section
R.H. Coats Building
Tunney's Pasture
Ottawa, Ontario
K1A 0T6 Telephone: 613-995-7808

Price: $2.00. Order from Publications Sales and Services, Statistics Canada, Telephone: 613-992-3151

Description: A directory of the information available in the Health Division of Statistics Canada. It describes both published and unpublished data, CANSIM, analytical reports and machine readable data. The data are classified into 5 major subject areas: 1) Vital Statistics; 2) Illness Information; 3) Health Institutions; 4) Health Manpower and 5) Social Security.

Part 1 is a tabular overview of the principle data items from the 5 subject areas. Part 2 presents the detailed information such as the origin of the data, lists of publications, formats, contacts and availability.

A listing of contact persons with telephone numbers is included for advisory personnel by subject area and by region. It is intended that the guide be updated and published as required.

Title of French edition: Répertoire de données de la division de la santé

Title: In Sickness and in Health: Health Statistics at a glance/ A la vie, à la mort: Aperçu de la statistique de la santé. 1983.

Publisher: Statistics Canada Health Division
Research and Analysis Section
R.H. Coats Building
Tunney's Pasture
Ottawa, Ontario
K1A 0T6 Telephone: 613-995-7808

Price $4.75. Order from: Publication Sales & Services, Statistics Canada.
Telephone: 613-992-3151.

Description: A 31 page reference to some major health trends in Canada, including utilization of hospitals, elective surgery, mental illness and accidental deaths.

Title: Mortality Atlas of Canada/Répartition géographique de mortalité au Canada

Volume 1: Cancer
Volume 2: General Mortality

Publisher: Bureau of Epidemiology, Health and Welfare Canada in conjunction with Health Division, Statistics Canada

Price: Each volume - $18.25 (Canada); $21.90 (other countries)

Order by mail from:
Canadian Government Publishing Centre
Supply and Services Canada
Ottawa, Ontario K1A 0S9 Telephone: 613-994-3475

Description: The atlas was initiated as part of the programme for the national surveillance of non-communicable diseases conducted by Health and Welfare Canada. The computer-generated mortality maps (28 in volume 1 and 34 and in volume 2) demonstrate regional mortality rate variations. High risk regions and the general pattern of disease distributions are identified by specified colour codes on the maps. Mortality data were collected by provinces and transmitted to Statistics Canada for compilation. There is sufficient data for meaningful analysis (1966-1976). Population data by sex and age were derived from data published by Statistics Canada. An overview gives general description of groups of maps. Appendices present mortality rates by diseases and standardized by age, census division and sex. The investigation of the spatial variations of mortality helps to identify the underlying causal factors which may be controlled to reduce mortality and premature mortality.

Bilingual

Title: Perspectives on Health Selected Statistics / Perspectives sur la santé quelques faits saillants, 1983.

Publisher: Statistics Canada, Health Division
Research and Analysis Section
R.H. Coats Building
Tunney's Pasture
Ottawa, Ontario K1A 0T6 Telephone: 613-995-7808

Price: $8.00. Order from: Publications Sales and Services
Statistics Canada. Telephone: 613-992-3151.

MISCELLANEOUS

Title: The Canadian Patient's Book of Rights, by Lorne Elkin Rozovsky, 1980

Publisher: Doubleday Canada Limited
105 Bond Street
Toronto, Ontario
M5B 1Y3 Telephone: 416-977-7891

Price: $14.95 hard cover; $9.95 paper

Description: A guidebook to make Canadian lay readers aware of law which may affect their rights as patients. It discusses legal issues such as Patients' Bill of Rights, standards of care and negligence, consent to treatment, abortions, euthanasia and many others. A summary of principles is given at the end of each chapter. It includes appendices listing provincial medical/dental/nurses associations, provincial licensing authorities for doctors, dentists and pharmacists, and Provincial Hospital Insurance and Medicare Plans. Suggested readings are given.

Title: Occupational Health and Safety Manual: for Health Care Institutions, 1979

Publisher: Hospital Occupational Health and Safety Services
Ontario Hospital Association
150 Ferrand Drive
Don Mills, Ontario M3C 1H6 Telephone: 416-429-2661
Ext. 571

Price: 1979 edition, and update revisions $50.00 (hospitals); $60.00 (others).

Revised edition: No single revised edition. However, each purchase is entitled to a 2 years free subscription of periodical revisions of the manual available as loose-leaf copies. Additional subscription - $5.00.

Description: A loose-leaf guide to assist health care facilities in identifying work place hazards and establish standards of safe work practice. It is written in a non-sophisticated language with a general approach directed to employees, professional staff, patients, residents and visitors.

There are 8 sections:

1) Statutory and regulatory law - outlining federal and provincial legislation with general application and special provisions;
2) General safety is the use of certain devices, equipments and materials;
3) Patient safety in conjunction with certain appliances, medications and treatments;
4) Visitor safety in health care institutions;
5) Job safety analysis of a variety of occupations;
6) Program guidelines for joint health and safety committee and occupational health in health care facilities;
7) Health hazard index - no materials included yet. It is anticipated to include, before the end of 1981, some standard data sheets on ethylene oxide, formaldehyde, mercury and acetone plus glossaries;
8) Directives - a section designed for the inclusion of institutions' own policy statements.

ALPHABETICAL INDEX

cont'd.

CONSUMER HEALTH: A SELECTED LIST

- COMPILED BY: THE HEALTH EDUCATION COMMITTEE
THE HEALTH LIBRARIES ASSOCIATION OF B.C.

INTRODUCTION

The Health Education Committee of the Health Libraries Association of B.C., has compiled this short list of recent publications on selected health topics. The publications included are from the collections of the Committee members' libraries, and are not intended to represent the "best health books" available.

Reviews and core lists of recommended publications can be found in library literature and the selection and reviewing tools in the section on "REFERENCE and RESEARCH AIDS".

We hope that this selected list will assist both libraries and consumers to find information on health concerns.

TABLE OF CONTENTS

EDITOR'S NOTE:

Reprinted with the permission of the Health Libraries Association of B.C. (HLABC). This list was published in October 1982. As some titles may now be outdated, the Association plans to prepare a supplement to it during the next year. For further information contact:

Mrs. Diana Kent, President HLABC
c/o University of British Columbia
Woodward Biomedical Library
2198 Health Sciences Mall
Vancouver, B.C.
V6T 1W5

CONSUMER INFORMATION AND SELF-HELP

GENERAL

THE HARVARD MEDICAL SCHOOL HEALTH LETTER BOOK.

G. Timothy Johnson and Stephen E. Goldfinger, eds. Cambridge, Massachusetts: University Press, 1981. $15.95. Recommended by Choice as "an excellent resource for the layperson on a wide range of important health topics."

MILLER, SIGMUND S.

Symptoms: the complete home medical encyclopedia. New York: Thomas Y. Crowell, 1976. $18.95. Includes more than 600 symptoms covering practically the entire spectrum of disease in man. Combines and interrelates the symptoms (Part 1) with a medical reference book of disease (Part 2). Comprehensive, easy to read, good illustrations.

SEHNERT, KEITH W. and EISENBERG, HOWARD

How to be your own doctor - sometimes. New York: Grosset and Dunlap, 1981. $7.95 pbk. Written with the consumer point of view: how to recognize symptoms, how to rate your doctor, how to speak your doctor's language, "call the doctor" signals for 14 illnesses, 13 injuries, and 9 common emergencies.

AMERICAN SOCIETY OF HOSPITAL PHARMACISTS

Medication teaching manual: a guide for patient counselling. 2nd ed. Washington, D.C.: American Society of Hospital Pharmacists, 1980. $15.00 pbk.

A compilation of monographs providing information patients should know about their drug therapy. Presented in an easy-to-understand question-answer format.

DRUGS

BRESSLER, RUBIN, et al

The Physician's drug manual: prescription and non-prescription drugs. Garden City, New Jersey: Doubleday, 1981. $17.95. Includes information on adverse reactions and drug interactions as well as the usual pharmacological information. Has brand name and generic name index. Library Journal: "a good choice for public libraries seeking a guide to drug information for their reference shelves."

THE MEDICINE SHOW:

Consumer Union's practical guide to some everyday health problems and health products. Rev. ed. New York: Pantheon Books, 1980. $10.00-cloth, $5.95 pbk.

Evaluates various commercial remedies and health products and advises on medical issues such as "miracles", "cure-alls", quackery, drugs in pregnancy. Includes a glossary of medical forms used in the book.

EXERCISE

ZOHMAN, LENORE R., KALTHUS, ALBERTA and SOFTNESS, DONALD G. The cardiologist's guide to fitness and health through exercise. New York: Simon & Schuster, 1979. $10.95. An informative and comprehensive treatment of all health-related aspects of exercise, with emphasis on the normal condition as well as advise for those with cardiac disorders. Good diagrams and glossary.

HOLISTIC HEALTH

THE HOLISTIC HEALTH HANDBOOK: a tool for attaining wholeness of body, mind and spirit. Berkeley Holistic Health Center, Edward Bauman, et al, comps. Berkeley, California: AND/OR Press, 1978. $9.95. Effective compendium of articles on the methods and philosophies of alternative health care.

NUTRITION

AMERICAN DIABETES ASSOCIATION and AMERICAN DIETETIC ASSOCIATION Family cookbook. Englewood Cliffs, New Jersey: Prentice-Hall, 1980. $12.95. A very useful collection of information on nutritional theory and meal planning, as well as recipes. Tips on restaurant eating, fast foods, bag lunches, and canning and freezing should be helpful.

FORSYTHE, ELIZABETH The Low fat gourmet: a doctor's cookbook for heart disease and MS. London: Pelham, 1981. $14.95. Recipes in this cookbook by a Scottish physician afflicted with MS reflect her Cordon Bleu training. Recommended for those on a low fat diet or simply for those interested in good food that's good for you.

WORTHINGTON-ROBERTS, BONNIE S., et al Nutrition in pregnancy and lactation. 2nd ed. St. Louis: C.V. Mosby Company, 1981. $12.95 pbk. Although directed specifically to a variety of health professionals, this book may be appreciated by the lay woman looking for more than the basic nutritional advice given by her doctor. Of special interest are the sections on oral contraceptives and nutrition, fertility and nutrition, special conditions of pregnancy and nutritional needs of the pregnant adolescent.

SURGERY

ROTHENBERG, ROBERT E. The complete surgical guide: the new Understanding Surgery. New York: New American Library, 1976. $3.95 pbk. Comprehensive, easy to read. Surgical conditions and procedures are arranged alphabetically, and the text is arranged in a question-and-answer format. Not a current work, but the basic information is timeless.

SELECTED HEALTH PROBLEMS

ALCOHOLISM

EWING, JOHN A. Drinking to your health. Reston, Virginia: Reston Publishing Co., c1981. $8.50 pbk. A practical guide to alcohol use which stresses making informed decisions about drinking. Chapters include how alcohol works in the body, why people drink, information on special groups such as women and teenagers, and supplementary reading material. Resource information on controlled drinking is also included.

ALLERGIES

FRAZIER, CLAUDE ALBEE and BROWN, F.K. Insects and allergy and what to do about them. Norman: University of Oklahoma Press, 1980. $14.95. The author takes great pains to discuss all aspects of the topic. It is a well-organized practical guide for anyone interested in insects and allergies. Relevant topics covered in the appendices.

ARTHRITIS

LORIG, KATE and FRIES, JAMES F. The Arthritis helpbook: what you can do for your arthritis. Reading, Massachusetts and Don Mills, Ontario: Addison-Wesley Publishing, 1980. $10.50 pbk. Based on the Arthritis Self-Management Patient Education Project at the Stanford Arthritis Center in Palo Alto, California, the book discusses the various types and implications of arthritis and gives details of exercises, nutrition, drug and relaxation techniques that can be utilized to control or minimize the effects of arthritis. Also contains helpful chapter on aids and devices and addresses for the U.S. branches of the Arthritis Foundation.

ASTHMA

KNIGHT, ALLAN Asthma and hay fever: how to relieve wheezing and sneezing. New York: Arco Publishing, Inc., 1981. $11.95 cloth, $5.95 pbk. This book has an easily understood text combined with many illustrations and photographs, with a section especially for those with asthmatic children. The suggestions and exercises recommended are both practical and simple.

LANE, DONALD Asthma: the facts. Oxford: Oxford University Press, 1979. $11.95. A serious discussion of all aspects of asthma, with an introduction based on personal experience by Anthony Storr, and a final chapter with useful advice on self-help measures.

BACK

HALL, HAMILTON The Back doctor: lifetime relief for your ailing back. Toronto: Macmillan, 1980. $13.95. A readable, informative discussion of the causes, types, treatment, and prevention of back pain.

JAYSON, MALCOLM I. Back pain: the facts. Oxford: Oxford University Press, 1981. $12.00. This book arises out of the author's first-hand experience with a bad back. He explains the various causes of back pain and discusses the many types of treatment and their efficacy. The text and drawings are straightforward and informative.

CANCER

GLUCKSBERG, HAROLD and SINGER, JACK Cancer care: a personal guide. Baltimore: John's Hopkins University Press, 1980. $14.95. Although certain parts of this book include specific information on prognosis which may not be suitable for all patients, it is to be recommended for its accuracy, readability and completeness.

McKHANN, CHARLES The Facts about cancer: a guide for patients, family and friends. Toronto, New York: Prentice-Hall, 1981. $16.95 cloth, $8.95 pbk.

This is the best all round book on all aspects of cancer that is currently available for the patient. It is very informative, complete and not upsetting to the patient, a first choice for cancer patient libraries.

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DIABETES

JOSLIN DIABETES MANUAL. 11th ed. Leo P. Krall, ed. Philadelphia: Lea & Febiger, 1978. $8.50 pbk. A revised edition of E.P. Joslin's diabetic manual first published in 1918, this work provides comprehensive information on all aspects of life as a diabetic. Although this edition is somewhat dated, the work is a standard in the field. Useful tables and appendices.

* See page for further item on cancer.

DRUG ABUSE

BRECHER, EDWARD M., et al Licit and illicit drugs. Toronto: Little, Brown & Company, c1972. $7.95 pbk. A general guide to drug use which includes a brief history and description of different prescription and illicit drugs. Drugs mentioned include marijuana, heroin, cocaine, caffeine, LSD, amphetamines, barbiturates, tranquilizers and many others.

EPILEPSY

HOPKINS, ANTHONY Epilepsy: the facts. Oxford: Oxford University Press, 1981. $12.95. This informative work describes the neurological processes involved in epilepsy using simple terms and clear diagrams. Helpful sections on possible precipitants of seizures as well as the daily problems of coping with epilepsy make the work a valuable edition to the lay library.

HEADACHE

ROSE, F. CLIFFORD Migraine: the facts. Oxford: Oxford University Press, 1979. $11.95. A clear and comprehensive discussion of causes, classification, prevention and treatment of migraine headaches. For those afflicted with migraine, their families, and health workers helping them.

HEART

AMERICAN HEART ASSOCIATION Heartbook: a guide to prevention and treatment of cardiovascular diseases. New York: Dutton, 1980. $25.00. Brief articles by authorities on 24 pertinent topics, well illustrated with clear diagrams, charts, and tables, make this a valuable addition to the lay library.

COHN, KEITH, DUKE, DARBY and MADRID, JOSEPH A. Coming back: a guide to recovering from heart attack and living confidently with coronary disease. Reading, Massachusetts: Addison-Wesley, 1979. $10.95 cloth $5.95 pbk.

Practical advice from a cardiologist, a nurse and a health communications expert as to what the patient family should expect and do after a heart attack. Technical terms explained in glossary as well as the text. Useful appendices.

KAVANAGH, TERENCE The Healthy heart program. Toronto: Van Nostrand Reinhold, 1980. $6.95 pbk. "An updated and expanded edition of Heart Attack? Counterattack!" this book gives an authoritive account of the nature of heart disease, and the benefits of exercise as prevention and therapy. Useful tables in appendix.

PHIBBS, BRENDAN The Human heart. 4th ed. St. Louis: C.V. Mosby, 1979. $14.95 pbk. This is a clear description of normal cardiac function. Tests and treatments are discussed. Advice on how to cope with a heart attack in isolated situations should be useful. Appendix includes notes for the coronary health team.

HUNTINGTON'S DISEASE

PHILLIPS, DENNIS H. Living with Huntington's disease: a book for patients and families. Madison: University of Wisconsin Press, 1982. $10.00.

Current information and research prospects regarding the causes and effects of Huntington's disease. Appendices contain hints for home-care of the HD patient and HD Organizations where additional information can be obtained.

KIDNEY DISEASE

GABRIEL, ROGER A Patient's guide to dialysis and transplantation. Lancaster: MTP Press, 1980. $10.95. Well-written, easily understood explanation of medical and anatomical terms, procedures associated with kidney failure and the need for dialysis. Concludes with a short history of these two life-saving measures.

OBERLEY, EDITH T. and OBERLEY, TERRY D. Understanding your new life with dialysis: a patient guide for physical and psychological adjustment to maintenance dialysis. Springfield: Charles C. Thomas, 1979. $16.75 cloth, $11.75 pbk. Directed to everyone involved with dialysis. Includes personal narratives and case histories of dialysis patients. Very readable step-by-step explanations of therapies, diet.

MULTIPLE SCLEROSIS

FORSYTHE, ELIZABETH Living with multiple sclerosis. London: Faber and Faber, 1979. $5.75. Although several chapters in this readable account of a physician's personal experience with MS are irrelevant in the Canadian context, the practical pointers on diet, rest, treatment, and coping in general are well worth the price.

MATTHEWS, BRYAN Multiple sclerosis: the facts. Oxford: Oxford University Press, 1981. $4.95 pbk. Written primarily for people with MS and their families, explaining the known facts about the disease, current research trends and prospects.

PARAPLEGIA

ROGERS, MICHAEL A. Paraplegia: a handbook of practical care and advice. London: Faber and Faber, 1978. $7.50 pbk. Written by a quadriplegic, this book contains useful and practical information for para- and quadriplegics and their families. Organizational references are relevant to U.K. primarily.

PHYSICAL DISABILITY

HANDBOOK OF SEVERE DISABILITY: a text for rehabilitation counselors, other vocational practitioners and allied health professionals. Walter C. Stolov and Michael R. Clowers, eds. Washington: U.S. Department of Education Rehabilitation Services (and) University of Washington Department of Rehabilitation Medicine, 1981. $10.00. A collection of articles on disabilities and disorders giving general information on causes, prognosis and treatment alternatives. Written for the allied health professional but use of technical language not overwhelming.

THE SOURCE BOOK FOR THE DISABLED: an illustrated guide to easier and more independent living for physically disabled people, their families and friends. Glorya Hale, ed. New York: Paddington Press; Toronto: Random House of Canada, 1979. $15.95 cloth, $9.95 pbk. Excellent chapters covering all aspects of daily living and attitudinal barriers. Sources for the many aids illustrated are not adequately referenced, however, "Where to get it" listing does assist. Section on "The Disablers" page 258-263 provides useful glossary and explanation of terms and disabling conditions.

STROKE

HESS, LUCILLE J. and BAHR, ROBERT E. What every family should know about strokes. New York: Appleton-Century Crofts, 1981. $12.95 cloth, $5.95 pbk.

Information on the causes of stroke, physiological and psychological changes encountered by stroke victims, and advice to the family on how to cope with

the disability. Clearly written, with simple diagrams. Useful appendices include lists of self-help devices, agencies, pamphlets and books on stroke.

CHILDREN

CUNNINGHAM, CLIFF and SLOPER, PATRICIA Helping your handicapped baby. London, Toronto: Souvenir Press, 1978. $11.55. Based on work with parents of mentally handicapped (primarily Downs Syndrome) children, this book suggests programs for teaching and stimulating the children through the first stages of development. Checklists assist parents to assess the present behavioral, physical and social levels of developments, and methods for encouraging further development are suggested.

DOYLE, PHYLLIS B., et al Helping the severely handicapped child: a guide for parents and teachers. New York: Thomas Y. Crowell; Toronto: Fitzhenry and Whiteside, 1979. $14.95. Revised and expanded edition of..."How to help your child: a guide for parents of multiply handicapped children." Information relating to dressing and hygiene, parental and family concerns, schooling, etc., is presented clearly and concisely with useful illustrations. Information regarding services and educational requirements pertains to the U.S.

KLAUS, MARSHALL H. Parent-infant bonding. 2nd ed. St. Louis: C.V. Mosby Company, 1982. $14.95 cloth, $11.95 pbk. Klaus has produced a well documented but very readable book, that would be beneficial not only to patient educators but perhaps even more so to new parents. The dynamics of human attachments are carefully examined and well illustrated with examples.

SCHAEFFER, CHARLES How to influence children: a handbook of practical parenting skills. New York: Van Nostrand Reinhold, c1978. $9.95 cloth $5.95 pbk. A practical manual that focuses on specific skills of parenting. It is positive in its approach on childrearing. It can be used as a text or supplementary reading for parent education groups and courses on child rearing, parenting or child management.

SCOTT, EILEEN P., JAN, JAMES E. and FREEMAN, ROGER D. Can't your child see?. Baltimore, Maryland (etc.): University Park Press, 1977. $10.75.

and

FREEMAN, ROGER D., CARBIN, CLIFTON F. and BOESE, ROBERT J. Can't your child hear? a guide for those who care about deaf children. Baltimore: University Park Press, 1981. $21.00. Written for parents. The authors of these two books discuss blindness/deafness and the implications for the child and parents. They offer many suggestions to assist with training and development in daily living activities and social interaction, including play. Organizational references are to Canadian resources.

STONE, LAWRENCE JOSEPH, and CHURCH, JOSEPH Childhood and adolescence: a psychology of the growing person. 4th ed. New York: Random House, 1979. $23.70. A well-illustrated textbook on childhood and development which is useful to lay readers and to professional and student readers. It combines a basic chronological approach with a topical one which deals with separate aspects of behaviour.

WALLERSTEIN, JUDITH S. and KELLY, JOAN BERLIN Surviving the breakup: how children and parents cope with divorce. New York: Basic Books; Toronto: Fitzhenry & Whiteside, c1980. $24.95. The book chronicles the experience of sixty California divorcing families and their children.

W O M E N

AFFONSO, DYANNE D. Impact of cesarian childbirth. Philadelphia: F.A. Davis Company, 1981. $15.95. With the dramatic increase in the number of cesarian births in the last few years, both parents will appreciate knowing more about the reasons for such a decision and the impact on their lives. Although written for health professionals, this book fills a gap in the general availability of information on this subject.

BERMOSK, LORETTA S. Women's health and human wholeness. New York: Appleton-Century-Crofts, 1979. $16.50 pbk. Woman-centered approach to health care, offers advice for alternative methods of health care and assertiveness within a male dominated system. Very thought-provoking!

BREWSTER, DOROTHY PATRICIA You can breastfeed your baby, even in special situations. Emmaus, Pennsylvania: Rodale Press, 1979. $13.95. Comprehensive discussion of all aspects of breastfeeding with detailed discussion of problems and techniques in other than "normal" situations. Appendix contains list of "Organizations to help the nursing mother", (primarily U.S.).

DOCTOR DIRECTORY FOR PREGNANT PARENTS Vancouver: Maternal Health Society, 1981. $7.00. This collection of responses by general practitioners, family physicians and obstetricians to questions about their approaches to patient care will help the prospective mother to make an informed choice of attending physician. Advice from the Maternal Health Society, a glossary, a recommended reading list and a "special skills" index of physicians should assist in the choice.

EIGER, MARVIN S. and OLDS, SALLY WENDKOS The Complete book of breastfeeding. New York: Workman Publishing, c1972. $3.95. A readable manual that thoroughly covers the topic from the technical aspects through to the emotional aspects of breastfeeding.

KITZINGER, SHEILA Birth at home. Oxford: Oxford University Press, 1980. $13.95. The author, renowned for her advocacy of women's rights in childbirth, presents the reader with the facts of both institutional and home birthing, and offers her the opportunity to make an informed choice after considering all sides.

MIDWIFERY IS A LABOUR OF LOVE. Interdisciplinary Midwifery Task Force Association and the B.C. Association of Midwives, comps. Vancouver, British Columbia: Maternal Health Society, 1981. $5.00. This collection of papers, prepared for presentation at the "Midwifery is a Labour of Love" conference in Vancouver, is designed to stimulate and promote professional and lay awareness of the need for "effective, innovative and human maternity care in B.C." It is a personal and well documented sourcebook dealing with the advantages of home births and quality midwifery services.

OUR BODIES, OURSELVES: a book by and for women. 2nd rev. ed. by The Boston Women's Health Collective. New York: Simon and Schuster, 1975. $12.50.

Clear, well-planned illustrations, easy readable style for laywomen, good documentation. Gives overview of all aspects of women's lives.

SEAMAN, BARBARA and SEAMAN, GIDEON Women and the crisis in sex hormones. New York: Bantam Books, 1978. $3.95 pbk. Written for the lay woman, especially useful for menopausal women. Offers realistic, safe alternatives to many prescriptions and hormone treatments. Excellent vitamin guide.

SHAPERO, LUCY and GOODMAN, ANTHONY A. Never say die: a doctor and patient talk about breast cancer. New York: Appleton-Century-Crofts, 1980. $10.95. An intimate account of one woman's experiences with breast cancer and the health professionals who treated her. The doctor's technical account is interwoven with the authoress' personal story, in such a way that readers receive a well-rounded account of the eleven year experience.

SUMNER, PHILIP E. and PHILLIPS, CELESTE R. Birthing rooms: concept and reality. St. Louis: C.V. Mosby Company, 1981. $12.95. In response to consumer dissatisfaction with technologic birthing practices, one U.S. hospital established a birthing room as an alternative approach. This book is useful for those both seeking and interested in providing alternatives to home birth yet within the hospital system. Included are family interviews, question and answer section and an overview of alternative birth choices.

THE WOMAN PATIENT: medical and psychological interfaces. VOL. I Sexual and reproductive aspects of women's health care, by Malkah T. Notman and Carol C. Nadelson. New York: Plenum Press, 1978. $19.50. A collection of articles by specialists, this book addresses itself to the goal of creating informed women patients and enlightened health professionals. Diverse in scope and controversial, at times, in viewpoint, it covers those aspects of health concerns unique to women, from pregnancy, menopause, contraception and sexuality to abortion, mastectomy and rape.

WOMEN IN STRESS: a nursing perspective. Diane K. Kjervik and Ida M. Martinson, eds. New York: Appleton-Century-Crofts, 1979. $12.95. Examines not only the ways stress affects women psychologically but also physically and socially. Written for nursing profession but can be appreciated by lay women.

ELDERLY

AGING IN CANADA: Social perspectives. Victor W. Marshall, ed. Don Mills, Ontario: Fitzhenry & Whiteside, 1980. $14.50. This book presents a number of articles and essays dealing with a variety of topics associated with the aging process, particularily as it effects Canadians. The specific needs and problems of aging as it effects minority groups such as the Inuit are also discussed. Extensive bibliography.

ALBANESE, ANTHONY AUGUST Nutrition for the elderly. Alan R. Liss Inc., 1980. $38.00. Aimed at health professionals, primarily, this book studies the effects of the aging process on the nutritional needs of the elderly and their relationship to the maintenance of normal health. Elements of diet and nutrition are discussed in detail in well-illustrated chapters. The appendices contain such useful information as daily dietary allowances, good sources of protein, iron and other nutrients and several diet plans for different problems.

BRICKNER, PHILIP W. Home health care for the aged: how to help older people stay in their own homes and out of institutions. New York: Appleton-Century-Crofts, 1978. $17.95. This book is based on the work of the Chelsea - Village Program in New York where an outreach program brought professional health services to the elderly people in the area and assisted them to remain independent. Support services and needs such as food and nutrition, and transportation are also discussed. Extensive references given.

MICHAELS, JOSEPH Prime of your life. New York: Facts on File, Inc., 1981. $14.95 cloth. Chapter on health discusses the aging process in general, specific effects of aging on hearing and vision etc., and common complaints such as arthritis. There are also chapters on leisure, financial resources, accommodation, etc. Book lacks table of contents but is indexed. Canadian resources are listed in the many organizational references given.

SEXUALITY

BARLOW, DAVID Sexually transmitted diseases: the facts. Oxford: Oxford University Press, 1981. $5.95. Informative and clearly written. Contains colour photographs, diagrams, cartoons and a glossary.

CHILDREN AND SEX: NEW FINDINGS, NEW PERSPECTIVES Larry L. Constantine and Floyd M. Martinson, eds. Boston: Little, Brown and Company, c1981. $19.95. The book, although primarily aimed at students and professionals in many fields touching on human behaviour, would also be suitable for the lay reader. The book examines sex and sexuality as essential phenomena of childhood. Child sexuality is discussed by individuals who represent a diverse collection of disciplines from anthropology to psychoanalysis.

SCHEINGOLD, LEE DREISINGER and WAGNER, NATHANIEL N. Sound sex and the aging heart: sex in the mid and later years with special reference to cardiac problems. New York: Human Sciences Press, 1974. $16.25. Discusses the effects of aging and in particular of cardiac problems on sexual functioning, dispelling some commonly-held myths. Discussion tends to emphasize male responses.

STEWART, W.F.R. The Sexual side of handicap: a guide for the caring professions. Cambridge: Woodhead-Faulkner, 1979. $20.00. General chapters on attitudinal and physical problems, and the need for sex education specific information on sexual aspects of specific disorders, e.g. stroke, spina bifida, etc.

REFERENCE AND RESEARCH AIDS

WORKS FOR THE LAYPERSON

CHIPS NEWSLETTER

Carson, California: CHIPS Project. In addition to the free newsletter with bibliographies, a number of separately published lists of consumer health education materials are available.

HEALTHLINE CLEVELAND

Cleveland, Ohio: School of Library Sciences, Case Western Reserve University. A number of free newsletters were published.

MEDICAL SELF-CARE

Inverness, California: Medical Self-Care. An excellent magazine which contains book reviews in each issue.

PHILBROOK, M. M.

Medical books for the layperson. Boston, Massachusetts: Publication Sales Office, Boston Public Library. 1976 ($2.00), supplement 1978, ($2.50).

SELECTED LIST OF MEDICAL REFERENCE WORKS FOR PUBLIC LIBRARIES

Los Angeles, California: Pacific Southwest Regional Medical Library Service, Biomedical Library, University of California. Free.

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CANCER (Continued)

ROSENBAUM, ERNEST H. A Comprehensive guide for cancer patients and their families. Palo Alto, California: Bull Publishing, 1979. pbk. This book is a major achievement in publishing for cancer patients and their families. It brings together most of the problems needing attention: psychological, nutritional, sexual, rehabilitative, etc. Chapters may be conveniently purchased separately. Excludes information on treatment for which "The Facts about cancer..." is recommended.

ANNUAL MEETING '84

- CONTRIBUTED BY: PUBLICITY COMMITTEE
1984 CHLA/ABSC CONFERENCE

The Toronto Chapter of CHLA is pleased to host the 8th annual meeting on June 3-6, 1984. Toronto is an exciting place to visit at any time, but will be even more so in 1984, as this city celebrates its 150th birthday.

Toronto, situated on Lake Ontario, is a melange of the traditional and the new, the arts and the sciences, and boasts of many ethnic peoples, all of whom lend their distinctiveness to the fabric of the city.

We invite all CHLA members to attend this meeting and to see Toronto. Visit the CN Tower, the Harbourfront, the Royal Ontario Museum, and the many art galleries! Dine in one of the many ethnic restaurants!

Please keep June 3-6, 1984 open. Watch for further announcements in the BMC.

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CONGRES ANNUEL '84

- envoyer par: Comité sur la publicité
Congres ABSC/CHLA 1984

Le chapitre torontonian du ABSC a grand plaisir de presenter le 8e congrès annuel du 3 au 6 juin 1984. Toronto est un endroit empoignant à visiter n'importe quand, mais sera même plus que ça en 1984, car cette ville fête son 150e anniversaire.

Toronto, situé sur le lac Ontario, est un mélange du traditional et du nouveau, les arts et les sciences, et aussi se vante un grand nombre de peuple ethnique, qui tous montrent leurs caractères particuliers au tissu de la ville.

Nous invitons tous les membres du ABSC d'assister à ce congrès et de visiter Toronto. Visitez le Tour CN, le "Harbourfront", le musée royal d'Ontario et les multiples galleries d'art! Dinez à un des nombreux restaurants ethniques.

Réservez le 3 au 6 juin 1984. Surveillez les prochaines annonces dans le BMC.

INFORMATION SERVICE NEEDS OF PHYSICIANS PRACTICING IN EASTERN ONTARIO

- SUBMITTED BY MABEL C. BROWN, B.Sc.N., B.L.S.

ABSTRACT

A field survey, by mailed questionnaires, was conducted in the Summer of 1982, of one hundred physicians practicing in Region 9 of the Ontario Hospital Association, or what can be described as Eastern Ontario. One half of the survey sample have their practice in an urban setting and one half in a rural setting. The survey was designed to determine the library or information service needs of physicians, present and future, in order to

a) define the role and the deficiencies of the existing hospital libraries,
b) to alert physicians to presently available services from these libraries,
c) to gather data useful to hospital administrators for the upgrading of service to physicians, who will be thus enabled to give improved patient care.

It was found that while urban hospital libraries received very good ratings, rural ones were rated as poor, and rural physicians saw themselves as not having met library service needs. Specific deficiencies in library resources and services are presented, both for rural libraries and for urban libraries. The majority, 81 percent of all respondants, did not know that a resource sharing network existed which they could exploit through their local library for the latest and best information.

Physicians predicted an increasingly important role for the local hospital library, incorporating electronic applications, and a decreasing dependence on their own personal library. Recommendations include the mounting of a Regional shared library service.

Findings and recommendations of this research project will be studied by members of the Ontario Hospital Association Region 9, Hospital Libraries Group at their October 1983 meeting. Following this, the whole study and especially its recommendations will be presented by Mabel Brown to the Executive of O.H.A. Region 9 in order to obtain their approval in principle, and endorsement of the establishing of a cost-sharing Biomedical Information Network among all twenty-eight member hospitals of O.H.A. Region 9. The final phase will involve contact with individual hospital administrators to arrange budgetary and space details. It is expected that the programme will involve a shared professional librarian service.

This study was completed in partial fulfillment of the requirements for the degree of Health Service Administration.

BOOK REVIEW

- BONITA A. STABLEFORD
CHIEF, LIBRARY SERVICES
HEALTH PROTECTION BRANCH, HEALTH AND WELFARE CANADA

MANUAL FOR ASSESSING THE QUALITY OF HEALTH SCIENCES LIBRARIES IN HOSPITALS. ALBANY, NEW YORK. UNIVERSITY OF STATE OF NEW YORK; STATE EDUCATION DEPARTMENT; NEW YORK STATE LIBRARY; CULTURAL EDUCATION CENTER, 1983.

This recently published manual was prepared in response to legislation enacted in 1981 by the New York State Legislature to support health information services in that state. This legislation authorized the establishment of standards for hospital libraries, provided funds to develop closer interfaces between the Regional Medical Library Program and the New State Interlibrary Loan network, authorized grants to support services for rural hospital libraries, and funded pilot projects for consumer health information in public libraries.

The manual is intended to provide a practical working tool for hospital administrators and/or librarians for assessing the quality of hospital library services and measuring improvements in individual institutions. In preparing the manual, the editorial committee considered standards developed by the Joint Commission on Accreditation of Hospitals and draft standards proposed by MLA's Hospital Library Standards and Practices Committee. Standards recommended by the manual relate to minimum levels of library services and resources; it should be noted that standards for library services provided to patients are not included.

The manual is organized into three major sections:

Part 1. Descriptive Guidelines

Applicable to all licensed hospitals regardless of size, research involvement, educational activities, etc.

Part 2. Quantitative Guidelines

These guidelines group hospitals into five categories based on total personnel, medical/dental staff and characteristics such as residency programmes, nursing/allied health programmes, research programmes, etc. Minimum levels of budget, services, staffing, and resources are recommended for libraries serving each category of hospital.

Part 3. Assessment Form

A point-rating system is used to evaluate factors described in Parts 1 and 2. Ratings are weighted so that services, staff levels, collection resources, and cooperative arrangements are stressed.

A glossary, bibliography and list of New York State resource libraries are also included.

The editorial committee has produced thorough and precise standards which have the further advantage of being easy to use. Library services required by hospitals of varying sizes are clearly differentiated. For example, a hospital with 150 beds and 500 personnel should have one full-time employee, purchase 100 book titles per year and subscribe to 75 journal titles. In comparison, a library in a research and teaching hospital with over 1,000 staff would require 1 full-time medical librarian and two F.T.E. support staff, 300 book titles purchased annually and 175 journal titles. Specific budget levels are not included in the recommended standards. However, the reader is referred to a bibliography including information on book and journal prices and staff salaries. The manual further recommends that the assessment process for a hospital library be administered by "someone who can bring experienced judgement to the evaluation of hospital library services".

This manual will provide useful general guidelines which may be applied to Canadian hospitals; however, these standards lack the legislative base which will enforce compliance by hospital administrators in New York State.

To obtain a copy of the manual, please send orders to the following address:

Gift and Exchange Unit
New York State Library
Cultural Education Centre
Albany, New York 12230

Prepayment of $3.00 US must accompany each order.

HAVE YOU EVER HAD TROUBLE LOCATING DRUG INFORMATION?

The forthcoming issue of BMC, v.5, #3, will be devoted to this topic.

If you are willing to contribute an article, news items in this field, or suggestions for possible articles, please contact the Editors as soon as possible. Suggested topics include:

- bibliographies of drug publications
- descriptions of drug information services in private or public organizations;
- online searching techniques for drug topics;
- solutions to difficult drug-related reference queries.

THE DEADLINE FOR SUBMISSION OF ARTICLES IS NOVEMBER 1, 1983

YOUR COLLEAGUES IN CHLA WANT TO HEAR FROM YOU!

CHAPTER NEWS

MANITOBA

- CORRESPONDENT: JILL BROWN

After a well earned rest over the summer months, plans are underway for the fall meeting of the Manitoba Health Libraries Association. Traditionally fall meetings are held outside Winnipeg. In keeping with this tradition, Brandon General Hospital Library will be hosting the October meeting.

One of the most exciting developments on the Manitoba health libraries' scene is the initiation of a research project to study the value of an area health libraries coordinator. In 1981 the M.H.L.A. Task Force on Shared Services recommended that a full-time coordinator be hired to improve access to health care information by maintaining and developing programmes and services that would facilitate resource sharing and information transfer among health sciences libraries in Manitoba. A grant from the Winnipeg Foundation has turned this dream into reality, providing funding for a librarian to work towards these goals over the next 18 months. Judy Inglis, formerly Extension Librarian at the University of Manitoba Medical Library, has returned to Manitoba after a brief sojourn in Saskatchewan to accept this position.

Another new development is the formation of an A-V Interest Group of M.H.L.A. This group has been formed to foster cooperation among the M.H.L.A. members who collect, purchase and/or use A-V material. Networking is alive and well in Manitoba.

KINGSTON GROUP REQUESTS CHAPTER STATUS

A group of health science librarians in Eastern Ontario, the Kingston Hospital Librarians Association, has recently applied for chapter status in CHLA. This application will be discussed at the October Board meeting.

PEOPLE ON THE MOVE

SUSAN PATTERSON has replaced Sudi Sedani at the Science & Medicine Library, University of Toronto, effective July 1983.

Also at the Science & Medicine Library, Reference Department, CAROL LANTHIER has replaced Rod Sawyer beginning August 1983.

JANET JOYCE has been appointed Director of the Information Centre of the McGill Study Group for Peace & Disarmament. The Centre has been in operation for a year, supported by a largely volunteer staff, at 3625 Aylmer Street, Montréal, Québec H2X 2C3.

STOP THE PRESS!

CISTI'S LOSS IS CARLETON'S GAIN

As some of you may now know, MS. DEBBIE BAILLIE has resigned from her position at the Health Sciences Resource Centre, CISTI. Debbie has returned to school to pursue further studies in biology. Those of you who have had the pleasure of working with Debbie will agree that she will be sorely missed. Librarians across the country have benefitted from her excellent teaching abilities and her good humour in countless Medlars courses. To my relief and delight, I am pleased to tell you that Debbie has chosen to maintain her ties with the health library field by continuing as the able co-editor for Bibliotheca Medica Canadiana until June 1984.

Best wishes from all of us, Debbie!

BAH

* * * * * * * *

ESTABLISHMENT OF THE INFORMATION RESOURCES UNIT, MANITOBA DEPARTMENT OF HEALTH

Effective July 1, 1983, the Manitoba Department of Health has begun an amalgamation of two previously separate resource centres, "Films and Publications" and the "Home Economics Resource Centre" into one new HEALTH RESOURCE CENTRE.

The HEALTH RESOURCE CENTRE and the existing ANN E. WELLS MEMORIAL LIBRARY (known as the "Health Library") will operate in parallel within the new INFORMATION RESOURCES unit, under the co-ordination of Marilyn Hernandez.

Over the next few months, policies and procedures for the HEALTH RESOURCE CENTRE will be developed, and those of the ANNA E. WELLS MEMORIAL LIBRARY will be changed as needed to achieve as much standardization as possible.

We ask your cooperation and patience during the changeover; the end result will be more efficient acess to our health information.

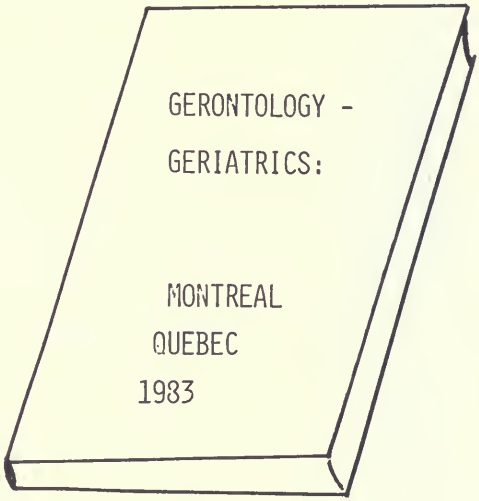
FOR FURTHER INFORMATION PLEASE CONTACT:

Marilyn J. Hernandez
Coordinator of Information Resources
Manitoba Dept. of Health
202-880 Portage Avenue
Winnipeg, Manitoba
R3G OP1

Telephone (204) 786-5867

NEW PUBLICATIONS

GERONTOLOGY-GERIATRICS: AN ANNOTATED SUBJECT GUIDE TO RESOURCES HELD BY MAIMONIDES HOSPITAL GERIATRIC CENTRE
127 PAGES.



Prepaid orders should be sent to:

Sheila Bresinger
Medical Librarian
Maimonides Hospital Geriatric Centre
5795 Caldwell Avenue
Montréal, Québec
H4W 1W3

N.B.: Make orders payable to: Maimonides Hospital Foundation

PROCEEDINGS OF THE PREVENTION OF ADOLESCENT PREGNANCY SYMPOSIUM, SASKATOON, SASKATCHEWAN, NOVEMBER 25-26, 1982. EDITED BY CATHERINE M. FERGUSON, SASKATOON, SASK.: SASKATCHEWAN INSTITUTE ON PREVENTION OF HANDICAPS, 1983. 178 P. ISBN 0-969-1326-0-3. $8.75 PREPAID.

The symposium was co-sponsored by the Saskatchewan Institute on Prevention of Handicaps; the Department of Social and Preventive Medicine (University of Saskatchewan); and the Perinatal Education Program (Continuing Medical and Nursing Education, University of Saskatchewan). The emphasis of the symposium was on assisting human services professionals to understand adolescent behaviour and to consider their role in helping adolescents to prevent pregnancy.

As co-sponsor of the symposium, the Institute assumed responsibility for editing and publishing the proceedings, and the Institute is making the publication available at cost. Selected contents include:

- Special Needs of the Native Adolescent
- Ethical Issues When Working with the Adolescent
- Teenage Contraception and the Law

...

- Characteristics of Saskatchewan Youth At-Risk Through Sexual Activity
- Working with Adolescents in Sexuality Groups
- Methods and Materials for Teaching Family Life Education in the Schools
- Building Community Support
- Identifying and Counselling the High-Risk Adolescent
- How to Tell Whether Your Program is Really Making a Difference

Two additional papers are included. Catherine Ferguson, the Information Specialist of the Institute, prepared a background paper on "Adolescent Pregnancy in Saskatchewan." It brings together statistics on adolescent pregnancy and related topics, that have been published by several departments of the provincial (Saskatchewan) government, presents an overview of the risks and consequences of adolescent pregnancy and childbearing, with a separate secton Native adolescent pregnancy, and concludes with a summary of research priorities for the 1980s.

An analysis of the recommendations of the registrants arising out of the symposium is also included. These recommendations are directed to government, school boards, human service professionals, parents and other community groups.

The cost of the publication includes postage and handling. Prepaid orders should be sent to:

Saskatchewan Institute on Prevention of Handicaps
Box 81, University Hospital
Saskatoon, Saskatchewan
S7N 0X0

THE ALL PURPOSE, HANDY DANDY FORM FOR AUTHORS WISHING TO INGRATIATE THEMSELVES TO EDITORS

Thank you for your recent letter and for the criticisms of our manuscript that you enclosed.

1. We think that some of the criticisms were more helpful than others.
2. We are frankly puzzled by some of the criticisms.
3. Some of the criticisms are downright questionable, the rest are just plain picky.
4. We agree with the good judgement of the reviewers who recognized the erudition of what we were attempting to say.
5. We are delighted that at least one reviewer read the manuscript.
6. We wonder whether the reviewer(s) read the paper we thought we wrote.
7. We wonder whether the reviewer can read.
8. We question the legitimacy of the judgement of reviewer.
9. We question the legitimacy of reviewer.
10. For some reason, the prospect of a major revision that will be subject to additional review by the same reviewer does not elicit an enthusiastic response at this time.
11. We know that all authors in our position claim their manuscript was greatly misunderstood by an insensitive, unfeeling reviewer, but in our case this is precisely what happened.
12. How did you get to be an Editor, anyway?

BUREAU DE DIRECTION DE L'ABSC / CHLA BOARD OF DIRECTORS

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BIBLIOTHECA MEDICA CANADIANA

VOL. 5 NO. 3 1983 ISSN 0707-3674

BIBLIOTHECA MEDICA CANADIANA
VOL. 5, NO. 3 1983

The Bibliotheca Medica Canadiana is published 5 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

INFORMATION FOR CONTRIBUTORS/AVERTISSEMENT AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

Editorial Address / Rédaction

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Chief, Library Services
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Health and Welfare Canada
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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dan les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE 1983/84

The deadlines for submission of articles to v.5 are as follows:

5:4	February 1, 1984
5:5	April 20, 1984

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

5:4	1 février 1984
5:5	20 avril 1984

FROM THE PRESIDENT:

- BARBARA GREENIAUS
  President, CHLA

The Board met, as planned, in Winnipeg on October 2nd, at the Health Sciences Centre. Though an unexpected press conference, called by the hospital administration, forced us to vacate the Boardroom in which we were comfortably settled, we found another room, albeit windowless and small, and the meeting was off and running by 10:15 a.m.

The agenda was an ambitious one but we got through every item by 5:00 p.m.

All of the executive were present and we were pleased to have four guests in attendance for some or all of the proceedings. Our company was; Sharon Allentuck, President of the Manitoba Health Libraries Association, Dorothy Fitzgerald, CHLA representative to the H.S.R.C. Advisory Board, Marilyn Schafer, Head of H.S.R.C., and Philip Teigen, Head of the Osler Library at McGill University.

Reports from the standing committees were approved. The final report of the Job Classification Committee was accepted and a motion of thanks to the chair and committee members for all of their hard work was carried.

Another "thank you" motion was carried and will be conveyed to Debbie Baillie for continuing to act as BMC co-editor while she resumes her studies at Carleton.

We wrestled through some new committee guidelines that David Crawford had proposed and came up with a set of guidelines which will clarify procedures and policies for all committee members.

Claire Callaghan's report provided us with more of the details about the 1984 conference. The Planning Committee has a great meeting organized at the Ramada Hotel in Toronto from June 3rd-6th.

The Board was delighted to accept Calgary's offer to host the 1985 conference. During discussion of conference planning for the years after 1985, it was decided that the membership should be provided with an opportunity to express their opinions. Three separate issues, in fact, require input from the membership.

The first issue concerns the Bibliotheca Medica Canadiana. A proposal has been received from our editors, recommending that we publish two regular serials: a newsletter and our official journal of record, the BMC. The newsletter would require a separate editor to be responsible for all aspects of printing and publication. The BMC would become a quarterly journal and the newsletter would be published a minimum of four times a year in the alternate months to the BMC. The proposal is made in the interest of improved communication, timelier news items and more efficient mailings. But we do not know if the membership wants two CHLA publications.

The other issues concern CHLA's annual meeting. Please help us to act in the interest of the majority of our membership by returning the enclosed questionnaire and in this referendum, unlike the one we just had in Manitoba, yes means yes and no means no.

Have a happy and safe holiday season.

UN MOT DE LA PRESIDENTE

- BARBARA GREENIAUS
  présidente ABSC

Le Bureau de direction s'est réuni, tel que prévu, le 2 octobre à Winnipeg, au centre des sciences de la santé. Une conférence de presse organisée de façon inattendue par l'administration de l'hôpital nous a forcés à quitter la salle de réunion, mais nous avons réussi à trouver une petite salle, sans fenêtre toutefois, et la réunion a pu commencer à 10 h 15.

L'ordre du jour bien chargé nous a occupés jusqu'à 17 h.

Tous les membres de la direction étaient présents et nous étions heureux d'accueillir quatre invités: Sharon Allentuck, présidente de la Manitoba Health Libraries Association, Dorothy Fitzgerald, qui représente l'ABSC au sein de la commission consultative du CBSS, Marilyn Schafer, chef du CBSS, et Philip Teigen, directeur de la bibliothèque Osler de l'université McGill.

Les rapports des comités permanents ont été approuvés. Le rapport final du comité de classification des emplois a été accepté et une proposition a été adoptée en vertu de laquelle la comité tout entier a été félicité de son excellent travail.

Une autre résolution de remerciement a été adoptée et sera communiquée à Debbie Baillie, qui reste co-rédactrice de BMC tout en poursuivant ses études à Carleton.

Aprés avoir discuté les nouvelles directives proposées par David Crawford, nous avons adopté des directives explicitant les lignes de conduite pour tous les membres de comités.

Le rapport de Claire Callaghan a précisé les modalités de la conférence de 1984. Le comité de planification organise une excellente rencontre à l'hotel Ramada à Toronto du 3 au 6 juin.

Le Bureau a accepté très volontiers l'invitation de Calgary pour la conférence de 1985. Durant la discussion des projets de conférences après 1985, il a été décidé que les membres devraient être consultés.

Trois questions distinctes exigent une consultation des membres.

La première a trait à Bibliotheca Medica Canadiana. Nos rédacteurs recommandent la publication de deux périodiques réguliers, c'est-à-dire un bulletin et notre revue officielle BMC. Le bulletin relèverait d'un rédacteur distinct, responsable de tous les aspects de l'impression et de la publication. La revue BMC serait trimestrielle et le bulletin serait publié au moins quatre fois par année entre les numéros de BMC. Il s'agit de favoriser une communication à la fois meilleure et plus pertinente, et des envois plus efficaces. Toutefois, nous ne savons pas si les membres veulent deux publications de l'ABSC.

Les autres questions se rattachent à l'assemblée annuelle de l'ABSC. En nous retournant le questionnaire annexé, vous nous aiderez à agir dans l'intérêt de la majorité des membres. Et dans ce référendum-ci, contrairement à celui qui vient d'avoir lieu au Manitoba, oui veut dire oui et non veut dire non.

Je vous souhaite tous bonheur et santé durant la période des Fêtes.

QUESTIONNAIRE

	YES OUI	NO NON
1. I usually attend Canadian Library Association meetings after the CHLA/ABSC annual meetings. Je participe ordinairement aux réunions de la Canadian Library Association après l'assemblée annuele de l'ABSC/ CHLA.	☐	☐
2. I believe that it is important to continue to hold C.H.L.A.'s annual meeting in conjunction with the C.L.A. Je crois qu'il est important d'organiser l'assemblée annuelle de l'ABSC conjointement avec la Canadian Library Association.	☐	☐
3. I prefer to attend an annual meeting in June rather than at another time of year. Je préfère assister à une assemblée annuelle en juin.	☐	☐
4. I would prefer that the annual meeting be held in the fall rather than the spring. Je préférerais que l'assemblée annuelle soit organisée durant l'automne et non au printemps.	☐	☐
5. I believe that the C.H.L.A. should launch a newletter, to be published in alternate months to the BMC. Je crois que l'ABSC devrait publier un bulletin de nouvelles entre les numéros de BMC.	☐	☐

COMMENTS:
REMARQUES:

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Please return to: Address on verso

Prière de retourner à: address au verso

Barbara Greeniaus
Director of Educational Resources
Health Sciences Centre
700 McDermot Avenue
Winnipeg, Manitoba
R3E 0T2

FROM THE EDITORS

Based on our own experience the editors have found that handling requests for drug information is one of the most problematic areas of reference work in any health sciences library. The drug information field is interdisciplinary, touching on almost every other biomedical science. Unlike other medical specialties, the majority of drug information is not published in specialty journals in the pharmaceutical sciences. Rather, drug information appears in a wide range of sources and is usually published in journals dealing with other specialties, such as pediatrics, surgery, geriatrics, etc. Another complicating factor is the sheer variety of types of drug information. Library staff can expect to receive drug-related requests in any or all of the following areas:

- adverse reactions
- chemical properties
- drug analysis
- drug names
- legislation
- pharmacy management
- research and development.

This issue contains overview articles dealing with specific types of drug information. The role and activities of the Canadian Pharmaceutical Association are described. Colin Hoare outlines activities of a highly specialized library serving the pharmaceutical industry and Betty Garland describes the drug-related health promotion collection in one branch of Health and Welfare Canada's library system.

This series on drug information will be continued in the future. Several authors are currently working on articles dealing with the federal government's role in the drug approval process, the activities of the Addiction Research Foundation and an analysis of computerized drug literature searching. We are very encouraged by this enthusiastic response and wish to thank both the present and prospective authors for their hard work and cooperation.

As you are aware, the last issue of BMC was not mailed to readers on schedule in mid-October. An unforeseen delay arose due to a series of rotating strikes at the printing service. The present issue may also be delayed. We apologize for any inconvenience caused to readers by these delays and we will try to follow the publications schedule in 1984.

Best wishes for a happy holiday season.

DEBORAH BAILLIE
ASSISTANT EDITOR

BONITA STABLEFORD
EDITOR

* * * * * * *

THE CANADIAN PHARMACEUTICAL ASSOCIATION

- CARMEN KROGH
Director of Publications, CPhA

The Canadian Pharmaceutical Association (CPhA) is the organization which represents the interests of pharmacists in Canada. CPhA is the national voice of pharmacy. It works on behalf of the profession with governments, industry, consumers and other health professionals.

The association is currently concentrating on six areas including professional development, economics, government liaison, public relations, industry and professional relations, and publications.

The publications department of CPhA is strongly committed to keeping its members and other health care professionals informed of new developments in pharmacy, especially with respect to the therapeutic and regulatory aspects of practice.

There are five major CPhA publications:

Compendium of Pharmaceuticals and Specialties (CPS)
Canadian Pharmaceutical Journal (CPJ)
Canadian Self-Medication (CSM)
Community Pharmacy Annual Survey
CPhA Pharmacy Directory.

Compendium of Pharmaceuticals and Specialties (CPS).

CPS is a reference publication editorially compiled and produced by the staff of the Canadian Pharmaceutical Association for the benefit of all health professionals. It is an eight hundred page text published annually in English and French. About 75,000 copies are distributed to physicians, pharmacists and other health care professionals. It contains prescribing information on over 3,000 drug products, a prescriber's guide and therapeutic index, a list of pharmaceutical manufacturers, an index of brand and non-proprietary names, vitamin dosage and other charts, plus 32 full-color pages of product recognition charts.

The monographs discuss information necessary for rational use of a drug. Included are a concise and comprehensive summary of the clinical pharmacology, the actions and effects of the drug in man, pertinent claims based upon substantial evidence of efficacy and safety, situations where the drug should not be used, potential hazards or adverse reactions to provide information regarding limitation of use, clinical situations where special care should be exercised, adverse reactions reported in association with use of the drug or with other drugs in the same class, signs and symptoms of overdose and recommended management, recommended doses and dosage schedules (which may include duration of treatment), and descriptions of available dosage forms.

Canadian Pharmaceutical Journal (CPJ)

CPJ is the oldest continuously published professional journal in Canada. Published monthly, CPJ covers all facets of pharmacy practice--retail, clinical, industrial and administrative. The editors seek out and publish clinical reports, scientific papers, new product information, industry information, as well as business articles involving pharmacy.

Scientific and clinical papers are written by distinguished contributors and externally reviewed by professionals specializing in the subjects discussed.

The mandate of the CPJ is to report and comment on the many challenges facing pharmacy and pharmacists, and to provide a forum for continuing education for pharmacists.

Canadian Self-Medication (CSM)

This reference manual has been written as a guide for all health care practitioners to provide advice to their patients on matters of self-medication.

The chapters contained in Canadian Self-Medication reflect the co-operative, interdisciplinary efforts of 76 practitioners in the writing and reviewing of the material. The monographs for the nonprescription medications, including proprietary medicines, are written and compiled by CPhA staff members. This was facilitated by the co-operation of the personnel within the Health Protection Branch of the Department of National Health and Welfare, the Proprietary Association of Canada, and the manufacturers of the products.

The last CSM edition was published in 1981, with an updated issue scheduled for publication in mid 1984. It will contain 32 chapters on issues dealing with self health care.

Community Pharmacy Annual Survey

In co-operation with the Association of Canadian Community Pharmacists and the Faculty of Pharmacy at the University of Toronto, the Canadian Pharmaceutical Association publishes yearly the Community Pharmacy Survey. The co-ordinator of the project is Harold Segal, PhD, professor of pharmacy administration at the University of Toronto.

The Survey of Community Pharmacy Operations solicits, aggregates, and analyzes financial data of participating community pharmacies across Canada each year. During 1983 the fortieth survey was conducted.

Sent to all community pharmacies in Canada, the data reflect the financial status of the participating pharmacies. Its intent is to provide useful information on the costs and profits of operating a community pharmacy practice in Canada. The tables in the survey present operating data by geographical area, dollar volume, population served and prescription volume. In addition, there is information comparing the operating data of 160 identical pharmacies for fiscal 1980 and 1981.

Canadian Pharmaceutical Association Pharmacy Directory

The CPhA Pharmacy Directory is intended to assist in seeking out the appropriate individual for information on any aspect of pharmacy. It includes names from the CPhA Executive Committee, Board of Directors and CPhA office personnel, as well as national pharmacy organizations, provincial statutory organizations, provincial voluntary organizations, Canadian faculties and schools of pharmacy, organizations in the Canadian drug industry, and Health and Welfare Canada.

Publications are available by contacting:

Canadian Pharmaceutical Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6
(613) 523-7877

INFORMATION RESOURCES IN THE PHARMACEUTICAL INDUSTRY

- COLIN HOARE
  Supervisor,
  Literature Science Services
  Hoffmann-La Roche Limited

Although member companies of the ethical pharmaceutical industry may not have the extensive resources of a university or hospital library available to them in-house, each firm nevertheless has the responsibility to provide a comprehensive selection of material relevant to the products that it manufactures and markets, and must also have at hand a sufficient supply of basic medical reference textbooks to meet the needs of the staff in the Medical and/or Marketing Departments. At Hoffman-La Roche, now located in Etobicoke, the library is referred to as a corporate library and its intended purpose is to provide any and all information needs of all company employees. The bulk of the purchases, however, consist of monographs relevant to the field of medicine plus a large selection of important medical journals, which in itself demonstrates the significant role played by the departments referred to above.

Until 'Roche' vacated its offices in Vaudreuil in August of this year, the library could lay claim to be not only one of the most attractive special libraries in Canada, but also to having one of the best holdings in Canada (for a special library) of important medical journals. With the relocation, however, the cloth has been cut to suit the smaller space, in that most of the bound periodicals have been replaced by the equivalent microfiche version, with a 12 year maximum restriction being applied for any periodical.

In order to meet the information needs of all the staff, and also the health professionals who contact the company with inquiries regarding 'Roche' products, the library has acquired many regular and special information retrieval tools. The regular material, such as Current Contents, Index Medicus, Unlisted Drugs, etc., are well known to most information specialists, and will not be discussed in depth here. Rather, it is the special information tools, unique to Hoffman-La Roche, that merit closer scrutiny. It should be remembered that 'Roche' Canada is a subsidiary of the Swiss parent company, and it is to both our head office in Basle, and also to the information resources available in our U.S. offices in Nutley, N.J. that we turn for most of our requirements.

In Basle, the principal source of literature documentation is a weekly bulletin of new references to all 'Roche' drugs marketed around the world, called "'Roche' Publications". This bulletin is an invaluable alerting service, as it documents all references in which a 'Roche' product is mentioned, regardless of the source or the original language of the publication. On its own, however, the bulletin would be of limited use, but in addition, full copies of all the papers cited in the bulletin are also available on microfiche. As a result, any request for a photocopy of a paper can be handled rapidly. Furthermore, important papers that deal with 'Roche' products published in one language are quite frequently translated, in Basle, into other important European languages, and are made available to the subsidiary companies around the world.

Advanced publication of other articles, in which 'Roche' products are studied, are also supplied - on microfiche - from our Head Office in Basle. These manuscripts, which are exclusively available for in-house purposes, can be extremely valuable as advance notice of potential new publications pertaining to 'Roche' products. When the full article appears, of course, the Company can then make use of the article as deemed appropriate.

The powerful retrieval capabilities of the online services, as supplied by Dialog and Medline, have not been lost on the pharmaceutical companies, and Hoffmann-La Roche is no exception. In addition, we can access directly from Canada the "'Roche' Publications" data-base online in Switzerland. This file, which dates back to 1962, is more extensive in terms of time covered than most other online files, and a complete bibliography on any 'Roche' product (within reason--after all, there are 30,000 references to 'Valium' in the file) can be generated with ease. These bibliographies are particularly useful as support documentation for forwarding to the Health Protection Branch (Health and Welfare Canada) as part of our Investigational New Drugs and New Drug Submissions, and also for the Marketing Department, to provide the field staff with suitable key references with which they can show justification as to the usefulness of a 'Roche' product in a particular medical area. The retrieval system used is the IBM/Stairs Program, which in itself is interesting in that it was one of the earliest online programs to be developed. The system is not without its limitations, and is slow in comparison to the speed with which the Dialog and Medline data-bases can be searched, but at the same time, the direct access to a file, which is located several thousand miles away, and the guarantee that virtually all the key references to one's company products are contained therein, make the system extremely valuable.

Another of the key areas in which the information services of a pharmaceutical library must have as complete a file as possible, is in the adverse reactions of the drugs that the company markets. As an example, consider the new 'Roche' product, 'Accutane', which is recognized to be a valuable treatment for severe nodular cystic acne. No pharmaceutical is free of side effects and 'Accutane' is know to have many secondary actions. As with any new drug, the full range of adverse reactions can only be catalogued as the drug is used extensively throughout the appropriate patient population. Although the Clinical Research Department has principal responsibility for the collection of untoward effects on new drugs, the responsibility for providing similar data for older drugs lies with the Scientific Documentation/Library Group. Once again, the resources of Basle and Nutley, particularly the latter, are enlisted to assist, whenever the appropriate data is not available in-house.

Availability of library services at Hoffmann-La Roche is mostly limited to the Company staff, in particular the Medical and Marketing departments. Literature services, on behalf of health professionals, pertaining to 'Roche' products, are supplied without charge and are normally channeled through the Professionnal Services Group in the Marketing Department. By law, information on drugs cannot be supplied to the public directly, and Hoffmann-La Roche adheres very strictly to this rule.

In conclusion, therefore, the information resources of the pharmaceutical company can prove to be a unique and valuable resource for information in the health care field. Certainly, in the 20 years in which I have worked this milieu, I have experienced great job satisfaction through being able to provide the necessary information for our staff, not only on company products, but on any other subject area as well. In this regard, the addition of online services has certainly proved to be a sound investment and can only improve the information services of the company as time goes by.

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DRUG AND ALCOHOL COLLECTION OF THE HEALTH SERVICES AND PROMOTION LIBRARY, HEALTH AND WELFARE CANADA

- BETTY GARLAND
Branch Librarian

As a result of recommendations of the Le Dain Commission, the Non-Medical Use of Drugs Directorate (NMUD) was formed in April 1971 as part of the Department of National Health and Welfare, as it was then called. Headquarters are located in Ottawa with regional offices in Halifax, Montreal, Toronto, Winnipeg and Vancouver. Its objective was to reduce the physical, mental, and social problems associated with the non-medical use of mood-altering substances, including alcohol and tobacco.

From the beginning, prevention of substance abuse was defined as a priority. In the Canadian health-care system, treatment is a provincial responsibility; thus additional areas of involvement for NMUD included financial support for and evaluation of treatment and rehabilitation programmes in the field. Encouragement through project funding was given to individual citizens, groups and communities to create, develop and foster lifestyles consistent with a high degree of physical and social well-being. In 1972, an information resource centre was started as part of the information and public education mandate of Non-Medical Use of Drugs. In 1973, the Smoking and Health and NMUD Directorates were merged. The NMUD Resource Centre was greatly expanded in terms of staff, budget and collection development, and was henceforth known as the Non-Medical Use of Drugs Library.

The Final Report of the Commission of Inquiry into the Non-Medical Use of Drugs (Le Dain Commission report)[1] was published in the same year and the Commission's collection was subsequently added to the NMUD Library. It contained a substantial amount of historical documentation on all aspects of substance abuse.

The Le Dain Commission pointed to the following:

1) alcohol and tobacco represent the most serious drug abuse problems in Canada

2) cooperation between the provincial and federal governments is necessary not only in treatment, training and education, but also in the improvement of the quality of research and information on substance abuse

3) there is a basic question of influencing personal decisions.

These were further reinforced by the publication in 1974 of a New Perspective on the Health of Canadians: a working document (Lalonde report).[2]

One of the health concepts on which this report focussed was the "life-style category" and it was recommended that Health and Welfare Canada "promote, develop and implement" measures "to deal with the non-medical use of drugs". Naturally,

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1. Canada. Commission of Inquiry into the Non-Medical Use of Drugs. Final Report/Commission d'enquête sur l'usage des drogues à des fins non médicales. Rapport final. Ottawa, Information Canada, 1973. (The LeDain report)

2. Canada. National Health and Welfare. A new perspective on the health of Canadians: a working document/Nouvelle perspective de la santé des Canadiens: un document de travail. Ottawa, Supply & Services, 1974, c1978. (The Lalonde report)

these two documents had a great influence on NMUD and its information role.

From its inception the NMUD library reflected the programme thrust of its organization, i.e. abuse of drugs (licit and illicit), alcoholism, and smoking and health. The collection emphasis was on the preventive, educational and policy aspects rather than the biomedical research and clinical treatment literature.

As the NMUD library provided information support for the regional offices, and the programmes they funded, such as summer student projects as well as other very diverse groups funded wholly or in part by the directorate, the NMUD collection developed in a number of seemingly peripheral areas. Over the years substantial holdings have been built up on various aspects of the elderly, health problems of women, family violence, and lifestyle among others.

In 1978 a new branch was formed in Health and Welfare Canada, the Health Services and Promotion Branch. Non-Medical Use of Drugs, now renamed the Health Promotion Directorate, formed the largest unit within this Branch. Similarly, the NMUD Library formed the largest unit in the new Branch library merged with the Health Services Library and the Nutrition and Family Planning Resource Centres.

The Health Services and Promotion Branch (HSP) is a grab bag of a number of very specialized or very technical divisions ranging from family planning and child/maternal health care, to health insurance and health care facilities. The substance abuse collection is still a major part of the library, and is widely used not only by the Health Promotion staff, who are primarily responsible for the Branch's alcohol, drug, and tobacco programmes, but also by other divisions such as Mental Health and Community Health Services, whose areas overlap the substance abuse field.

Out of a total serials list of approximately 500 titles, the Health Services and Promotion Branch Library subscribes to fifty-four journals and newsletters which are concerned directly with the addiction field. It is one of the most heavily used areas for interlibrary loan, as most of these serials are unique in Ottawa to the HSP Library: others are held by only two or three libraries of the provincial alcohol and drug commissions in Canada. As the relevant toxicology and pharmacology journals are easily obtainable from other libraries in Health and Welfare Canada, the HSP Library does not subscribe to these.

The HSP Library maintains a weekly current awareness service, which includes tables of contents for each journal received in the library during that week. A copy is sent to each division in the Branch for circulation to staff, to regional offices, to other divisions in the department working in similar subject areas, especially alcohol and drugs, and on request to other departments who cooperate with the Branch in various health activities.

Approximately one-third of a monograph collection of about 12,000 volumes is devoted to some aspect of the non-medical use of drugs. It is a very heavily used collection, not only by Branch staff, but by staff in the other two medical branches who have some responsibilities in the substance abuse field. The two universities in Ottawa have courses in addiction at the undergraduate level; also the University of Ottawa has a course at the post graduate level. Students from both universities use the substance abuse collection extensively and frequently, as do the teaching staff.

The Health Services and Promotion Branch Library issues a quarterly Current Awareness Bulletin which contains a monthly acquisitions list for the period,

abstracts of periodical literature largely from journals to which we do not subscribe, other items such as bibliographies or newspaper clippings of interest to Branch staff, and requested by them for inclusion.

In the past, various bibliographies on the substance abuse literature, have also been compiled; the most recent was one on Canadian Research on Cannabis.

With the cancellation of funding for the Rutgers University Center for Alcohol Studies and the Texas Christian University DAEDAC databases, there is no longer an adequate online data base for the non-medical use of drugs literature. This of course intensifies usage of the substance abuse collection.

Fortunately, an established network among the libraries in the field does exist; the Librarians and Information Specialists in Addiction (LISA) in Canada and Substance Abuse Librarians and Information Specialists (SALIS) in the USA provide useful contacts. Members try to keep one another up-to-date on the publications of their respective organizations through newsletters, and to highlight what is new and of interest in the field. And we are lucky to have one of the major research organizations and publishers of the substance abuse literature in Canada, the Addiction Research Foundation of Ontario. One of the valuable resources it publishes is the Substance Abuse Book Review Index, compiled annually for the last three years by Jane Bemko, a founding member of SALIS.

PUBLICATIONS

Two of the milestone publications in the field published by our department were:

1. Core Knowledge in the Drug Field. A basic manual for trainers. 12 volumes. Edited by Lorne Philipps and others, issued by Non-Medical Use of Drugs in 1978. French version; Connaissances de base en matière de drogue. Un manual de base pour les formateurs. 1979. It will be decided within the next year which volumes will be updated.

2. The Hole in the fence (Mes amis mon jardin), a beautifully illustrated educational story book for children between six and ten years of age, was published in 1976. Its short-term intention is to assist the child in developing interpersonal skills and understanding. Its long-term aim is to prepare the child to cope with future situations involving peer-group pressures associated with drug use. This publication is available from Supply and Services Canada, Catalogue Nos. H49-3/1976 E or F.

   It was accompanied by a Teacher's Guide (livre du maître), the former revised in 1982, the French version revised in 1979. This has been followed by a Parents' Guide, 1983 (un guide pour la famille 1982) available free on on request from "The Hole in the Fence". Box 8888, Ottawa, Ontario K1C 3J2.

A series of technical reports on various aspects of substance abuse, originally started by Non-Medical Use of Drugs in 1976, has continued to be published by the Health Services and Promotion Branch. The two most recent were published in 1983:

Smoking Behavior of Canadians, 1981, by W.J. Millar. L'usage du tabac chez les Canadiens en 1981.

Tobacco Use among Students in the Northwest Territories, 1982, by W.J. Millar and S. Van Rensburg. L'usage du tabac dans les ecole des Territories du nord-ouest. For Health Promotion Publications contact Ms. L. Flynn, Room 467,

Jeanne Mance Building, Ottawa, Ontario. K1A 1B4. (613) 996-1545.

Canadian Health Facts are issued regularly by the Health Promotion Directorate of Health Services & Promotion Branch and many of these deal with the non-medical use of drugs such as Adolescent Use of Alcohol, Canada 1982. (June 1983). These are available free on request.

The Branch also publishes two quarterly periodicals Canada's Mental Health (Santé mentale au Canada) and Health Education. (Education sanitaire). Both journals contain articles periodically on various aspects of substance abuse. Both are free in Canada, on request to professionals in the field.

For subscriptions to: 1. Health Education/Education sanitaire contact,

Kay Rawlings, editor
Health Promotion Directorate,
Health Services and Promotion Branch,
Room 453, Jeanne Mance Building,
Ottawa, Ontario K1A 1B4 (613) 996-1513

2. Canada's Mental Health/Santé mentale au Canada,

contact Margaret Warrander,
Mental Health Division,
Health Services and Promotion Branch,
Room 652,
Jeanne Mance Bldg.
Ottawa, Ontario K1A 1B4 (613) 995-0166

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OALT/ABO UPCOMING CONFERENCE

"Learning More in '84/Apprenant Plus en '84" is the theme of the 11th Annual Conference of the Ontario Association of Library Technicians/Association des Bibliotechniciens de l'Ontario (OALT/ABO). The Huronia Regional Branch of OALT/ABO will host the conference which will be held at the Geneva Park YMCA Conference Centre in Orillia from May 30th to June 2nd, 1984.

The conference will offer sessions that will advance the continuous learning of library technicians in all aspects of library work. Topics such as literacy training, leadership skills promotion and publicity, orientation, puppetry, microcomputers, reference refresher and more will span a longer time frame to give a more in-depth, hands-on approach.

Registration packages will be going out in January to all members of OALT/ABO. Feb. 15, 1984 will be the deadline for those who need accommodations at the Conference Centre.

For more information, please contact the Conference Committee Secretary, c/o Huronia Regional Branch - OALT/ABO, P.O. Box 1042, Barrie, Ontario L4M 5E1.

For further information please call Alicia Friese 416-581-4259

SIZZLING SEARCH STRATEGIES: HOW TO PUT SOME METHODS TERMS IN YOUR MEDLINE SEARCHES

- JOANNE MARSHALL
Department of Behavioural Science
Community Health
University of Toronto

We have had particular success with the introduction of what have become known as "Sizzling Search Strategies" or in other words, how to put some methods terms into your MEDLINE searches. The point of using such strategies is to sift out the articles which meet the critical appraisal criteria and hence cut down on the volume of literature that has to be digested in any particular area of interest. *This search strategy was designed while the author was a librarian/researcher with the Program for Educational Development, McMaster University. This material is now integrated into a course curriculum on "Survival Skills for Self-Directed Learning".

Librarians, generally, have been caught up with indexing content as opposed to method, but if you look carefully in MeSH, there are some methods terms which can be employed to good advantage. The trick is that these terms are rarely assigned by indexers as the main points of the article, therefore articles which report using a particular study method will not be so indexed in the Index Medicus. Under FOLLOW-UP STUDIES in Index Medicus you will find articles about this technique and how to use it. Hidden from view on the computer are many more articles describing studies which have used FOLLOW-UP STUDY as a methodology. The following table shows the number of references under some of the methods terms that would appear in as main points only versus the number available in MEDLINE.

Number of references as main points and

on MEDLINE

Terms	MAIN POINT	MEDLINE
Clinical trials	421	6164
Random Allocation*	32	1994
Double-blind method*	3	3227

*These terms are still trial terms or minor descriptors in MeSH, so they will not appear in Index Medicus. Nevertheless, they can still be the main point of the article.

CLINICAL TRIALS is different from a regular MeSH heading in that it is listed directly on the indexer's form as a check tag and checked automatically for each article that meets the MeSH definition. This check tag was introduced in 1980 and is defined as preplanned controlled studies on humans selected according to predetermined criteria of eligibility and observed for predefined evidence. In Index Medicus, articles will be found under CLINICAL TRIALS only if they discuss controlled clinical studies as a research tool. CLINICAL TRIALS does not assume double-blind or triple-blind studies, but the term DOUBLE-BLIND METHOD can be added to the search. From 1965 to 1979 there was a check tag CLINICAL RESEARCH which was defined more simply as controlled clinical research on human beings, in contrast to ordinary articles on human beings or on human matter examined in vitro. If you do a search prior to 1980 using CLINICAL TRIALS,

it will automatically use the heading, CLINICAL RESEARCH for the earlier years. Both CLINICAL TRIALS and CLINICAL RESEARCH were designed for use with humans only.

Another useful check tag is COMPARATIVE STUDY. From 1965 through 1973, it was used for the comparison of two or more drugs or chemicals of two or more therapeutic, diagnostic, or determinative procedures. In 1974, the application was widened to include comparisons of any two or more concepts. If the concept of a placebo is discussed in the article it will also be indexed under PLACEBOS, but only in the computer version.

These terms are embedded in the MeSH trees along with a number of other research methods terms. The complete list is shown below with some suggested search strategies:

FOR MEDLINE

Here are the methodological headings which exist:

EPIDEMIOLOGIC METHODS	E5.318
CROSS SECTIONAL STUDIES	E5.318.150
LONGITUDINAL STUDIES	E5.318.420
FOLLOW-UP STUDIES	E5.318.420.390
PROSPECTIVE STUDIES	E5.318.420.790
RETROSPECTIVE STUDIES	E5.318.420.820
POPULATION SURVEILLANCE	E5.318.533
SAMPLING STUDIES	E5.318.821

EVALUATION STUDIES	E5.337
CLINICAL TRIALS	E5.337.250
DRUG EVALUATION	E5.337.310
DRUG SCREENING	E5.337.477

RESEARCH	H1.770.644
FEASIBILITY STUDIES	H1.770.644.300
PILOT PROJECTS	H1.770.644.524
RESEARCH DESIGN	H1.770.644.728
DOUBLE-BLIND METHOD •	H1.770.644.728.300
RANDOM ALLOCATION •	H1.770.644.728.805
COMPARATIVE STUDY	
PLACEBOS	

The "A" subset can also be used to limit your search to the 117 core journals.

If you are pure, ask the librarian to add the following terms to your content search:

CLINICAL TRIALS AND RANDOM ALLOCATION AND DOUBLE-BLIND METHOD

If you are not so pure, ask for

CLINICAL TRIALS OR RANDOM ALLOCATION OR DOUBLE-BLIND METHOD

If you are desperate (for any type of research article), ask for

Explode E5.318 or Explode E5.337 or Esplode H1.770.644
or COMPARATIVE STUDY or PLACEBOS

OTHER DATABASES

On the ISI databases (Scisearch and BIOMED) use a free text approach to come up with all the possible word combinations that can be used in a title to refer to an RCT. Try searching the RESEARCH FRONTS (BIOMED only).

On Excerpta Medica which is available on the DIALOG system, try adding the terms CLINICAL STUDY, CONTROLLED STUDIES, and DRUG COMPARISON.

*The concept of "critical appraisal" of the health care literature is discussed in a series of articles published in the Canadian Medical Association Journal by the McMaster University Department of Clinical Epidemiology and Biostatistics:

Department of Clinical Epidemiology and Biostatistics. How to read clinical journals: I. Why to read them and how to start reading them critically. Canad. Med. Assoc. J. 1981; 124:555-558.

Department of Clinical Epidemiology and Biostatistics. How to read clinical journals: II. To learn about a diagnostic test. Canad. Med. Assoc. J. 1981; 124:703-710.

Department of Clinical Epidemiology and Biostatistics. How to read clinical journals: III. To learn about the clinical course and prognosis of disease. Canad. Med. Assoc. J. 1981: 124:869-872.

Department of Clinical Epidemiology and Biostatistics. How to read clinical journals: IV. To determine etiology or causation. Canad. Med. Assoc. J. 1981; 124:985-990.

Department of Clinical Epidemiology and Biostatistics. How to read clinical journals: V. To distinguish useful from useless or even harmful therapy. Canad. Med. Assoc. J. 1981; 124:1156-1162.

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AUDITOR'S REPORT AVAILABLE

The annual auditor's report for the Canadian Health Libraries Association, for the year ending 31 May 1983, is now available.

Copies may be requested from:

Donna Dryden
Treasurer, CHLA/ABSC
c/o Peter Wilcock Library
Charles Camsell Hospital
12815 - 115 Avenue
Edmonton, Alberta
T5M 3A4

CANADIAN MEDICAL SCHOOL LIBRARY DIRECTORS MEET TO DISCUSS MEDICAL LIBRARIES IN 2000

- FRANCES GROEN
  Secretary
  Special Resource Committee on Medical School Libraries
  Association of Canadian Medical Colleges

The Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges held its sixteenth annual meeting recently in Winnipeg. The Committee consists of the directors of the 16 medical school libraries in Canada, together with the Chief of Library Services, Department of Health and Welfare Canada and the Head of the Health Sciences Resource Centre, C.I.S.T.I. The current chairman is Germain Chouinard, Univerité de Sherbrooke.

At each Annual Meeting regular business related to such issues as the compilation of annual statistics is conducted. In addition to the on-going work of the Committee, this year's agenda included an open discussion on the future of medical school libraries in Canada. "Academic Information in the Academic Health Sciences Resource Center: Roles for the Library in Information Management" (Journal of Medical Education, October 1982, part 2), known commonly as the Matheson/Cooper Report, was the basis of wide ranging discussion. Several deans of medicine as well as the President of the Canadian Health Libraries Association also attended this part of the day-long meeting.

Following a brief summary of the Matheson Report, members reviewed the relevance of this report for the Canadian medical library scene. This group recognized the essential differences that exist between the American academic health sciences centre, with its centralized coordination of all health related affairs and the largely decentralized system that exist in Canada's 16 medical schools and their affiliated teaching hospitals. Despite these differences, the Committee felt that there was much relevant information in the report. To participate in the vision of the future that the Matheson/Cooper Study describes, the committee members felt it was essential that librarians have the necessary institutional support of their University and Faculty of Medicine, if successful innovation in information programs was to occur. To foster this necessary relationship, the Special Resource Committee unanimously endorsed the following resolution:

> "Assuming that medical schools in Canada are moving towards increased application of information technology in medical education, it is recommended that medical school administrators support their health sciences libraries to strengthen information technology knowledge and applications."

The Committee also considered the development of a national health information network in the information age. Two ways of cooperating in a national network were identified: to begin locally to develop technologically sophisticated programs that would interface eventually on a nation-wide basis or to look to the national level to initiate the network. Noting the rapid evolution of the computer society and the ubiquitious nature of the new information technology, the discussants felt that medical school libraries would be dramatically altered by the year 2000. Following this open discussion, the Committee appointed Germain Chouinard and Frances Groen to prepare a report to the Board of Directors of the Association of Canadian Medical Colleges on the future of Canadian medical school libraries.

Turning to the question of leadership, the Committee discussed the question of the future of the Health Sciences Resource Centre, C.I.S.T.I. Recognizing that it is unrealistic to expect this Centre to perform duties which are outside its mandate, the Committee determined to cooperate with the Canadian Health Libraries Association in preparing a joint statement of needs which fall legitimately within the mandate of C.I.S.T.I. Audrey Kerr, on behalf of the Special Resource Committee and Barbara Greenlaus, President of the Canadian Health Libraries Association will collaborate in the production of this statement.

The Special Resources Committee meets annually and will hold its next meeting in Toronto in 1984.

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QUOI DE NEUF A LA SECTION DES BIBLIOTHEQUES DE LA SANTE DE L'ASTED?

- LOUISE DESCHAMPS
présidente de la section
santé de l'Asted

Pour l'année 1983/84, le comité est formé des personnes suivantes:

Louise Deschamps, présidente (hôpital Notre-Dame),
Johanne Hopper, vice-présidente (bibliothèque para-médicale, Université de Montréal),
Robert Aubin, secrétaire (hôpital Rivière-des-prairies),
Sylvie Bélanger, conseillère (commission de la santé et sécurité au travail),
Francine Garneau, conseillère (centre hospitalier régional de Lanaudière) et
Gilberte Poirier, conseillère (centre hospitalier St-Vincent-de-Paul).

Ces membres se sont déjà mis à la tâche pour organiser une journée d'étude en mai 1984. Deux thèmes seront alors discutés: premièrement, celui des "réseaux et services partagés" et deuxièmement, "la loi 65 sur l'accès à l'information". Nous vous tiendrons au courant des récents développements.

HORIZON

6

AVANT-PROPOS

Le but envisagé par la publication de CANHEALTH est de fournir un receuil du"contenu canadien" du travail des bibliothèques canadiennes des sciences de la santé et de tenter de situer ces bibliothèques dans le plus large contexte canadien et nord-américain CANHEALTH n'est pas un manuel de procédures et ne devrait pas être considéré comme remède universel à tous vos problèmes bibliothécaires. Cependant, on espère qu'il sera utile à ceux qui travaillent dans des bibliothèques canadiennes pour les aider à découvrir les rapprochements et les différences qui existent entre elles et vis à vis les bibliothèques des sciences de la santé aux Etats-Unis. Nous aimerions aussi répandre des renseignements qui touchent sur des ouvrages de référence, des fournisseurs et des modes de procéder particulièrement canadiens.

Cet ouvrage est basé sur le Guide to Canadian Health Science: Information Service and Sources écrit pay Phyllis Russell et publié en 1974 par la Canadian Library Association, et sur des épreuves préparatoires à une révision rédigées par Martha Stone en 1978/79. Lorsque cette série d'articles aura paru au complet, l'Association des bibliothèques de la santé du Canada envisage d'en publier une édition révisée et de les réunir dans un volume. Ceci marquera l'occasion de la première publication d'un ouvrage exprès par l'Association et doit être vu comme un effort en commun qui exige la collaboration de tous les membres. Nous encourageons nos membres de chapitres de nous faire part de leurs commentaires et des corrections à apporter, pour assurer que les renseignements fournis sont à la fois exacts et utiles. Le produit final devrait être le résultat d'un effort coopératif, alors s'il vous plaît aidez-nous.

Nous sommes dans l'obligeance de nous excuser auprès de nos collègues francophones pour la nature unilingue de cette publication. Nous avons l'intention de publier la version finale dans les deux langues. Cependant, le coût de traduction et le temps requis ne nous permettent pas de produire les chapitres préparatoires dans le deux langues.

PREFACE

The purpose of CANHEALTH is to provide Canadian health libraries with a source for the "Canadian content" of their work,and to attempt to show how health libraries in Canada fit into the wider Canadian and North American context. CANHEALTH is not a library manual, and it should not be seen as the panacea for all a library's problems. We hope, however, that it will help those who work in Canadian libraries to discover the many differences and similarities which exist between their own libraries and health libraries in the United States. We hope they will also become acquainted with particular Canadian reference tools, suppliers and procedures of which they were not aware.

The present work is based on the Guide to Canadian Health Science: Information Services and Sources written by Phyllis Russell and published by the Canadian Library Association in 1974, and on preliminary drafts of a revision prepared by Martha Stone in 1978/79. When this series of articles is completed the Canadian Health Libraries Association hopes to publish a revised edition in one volume. This will be the first "occasional paper" published by the Association, and it should be a joint effort shared by all membership. We urge Chapter members to take particular responsibility to send us corrections and comments, in order that the facts can be both correct and useful The final product should be the result of a cooperative effort by all of us. Please help.

We apologize to our francophone colleagues for the unilingual nature of this work as it now appears. We intend that the final version will also appear in French. The costs of translation in both time and money, however, make it impractical to produce the draft chapters in both languages.

David S. Crawford
Medical Library
McGill University
3655 Drummond
Montréal H3G IY6

M. A. Flower
Health Science Library Services
Terrace House, Cartwright Point
Kingston, Ontario K7K 5E2

The editors of CANHELP are pleased to welcome Mrs. Beatrix Robinow as a contributor. Mrs. Robinow recently retired as Health Sciences Librarian at McMaster University. She was also on the board of Directors of the Medical Library Association, 1979/1981 and was elected as Fellow of M.L.A. in 1983. This article was based on a talk given by Mrs. Robinow in 1981 and has been slightly edited.

BINDING

The binding of books and journals, particularly in a hospital library, is a topic of importance and interest. In a time of shrinking resources, it is one of the areas which should be examined with great care to make sure that money spent is justified. Unfortunately it does not often surface in training courses for library workers and is sometimes controversial. This short paper aims to examine why we bind, what we bind, and how we bind.

First of all: what does the word Binding mean to a librarian? Here is a definition: Binding can be defined as making a book out of loose material. In Journal binding, the binder takes a volume of journals and makes a book out of them. This comes from Library Practice in Hospitals edited by Harold Bloomquist and others.(1) There is not very much written about binding: less than two pages in the above book, nothing at all in the British book called Hospital Libraries (published by the Library Association in London, 1973). There is however, a good section in the Manual for Librarians in Small Hospitals written by Lois Ann Colaianni and Phyllis Mirsky (2) and also in Robinow: Organization of Hospital Libraries, (3) which is now out of print but which has a step by step procedure for the binding of periodical volumes.

There is, however, a very good small book which is very much worthwhile borrowing or buying from Boston. It is the Library Binding Handbook, published by the Library Binding Institute in Boston, Mass. in 1971. It includes, among other things the Standard for Library Binding determined by the Institute, and which all commerical binders are supposed to know and to follow. It specifies materials and binding processes, and is of course, rather technical and explains in detail what the term "Library Binding" implies. It has a good list of definitions of terms such as "oversewing" "endpapers" etc.etc. Other chapters give history, procedures, instructions and more or less everything one wants to know.

So much for the references which one could read. One of the main reasons for binding anything is to preserve it for longer use. There are many prophecies of the demise of the book - it is only too easy to say, well, in the near future there will be no more books - the whole of the Library of Congress will be contained in a little black box, or on computer, and all you need is a television monitor at home. Until that time comes, we still have libraries and books, and, especially in a hospital library, it is a great asset to be able to give the doctor or nurse the book or article when they need it. Many people promote the use of microfilm or microfiche editions of periodicals, but one must remember that to buy such an edition costs more since you usually cannot buy a current subscription of a microfiche/film alone, it can only be a second one: you have to buy the hard copy in the first place. It could save the binding costs - but these days the subscription cost is many times the cost of binding the one or two volumes per annum. Possibly the only reason for buying journals in microform would be extreme lack of space.

Binding does cost money however, and good binding costs enough to make it necessary to budget for it in the annual budget. We might just mention costs here. One binder who had increased his prices "due to rising costs of materials and labour" now charges the following: Periodical volumes - $11.00 Books - $8.00. These days one often finds that new medical books cost a very great deal more in hard-cover binding than in paper covers, and often it is worth binding the paper-covered volume instead of buying the hard-cover edition. The other cost is in time and labour in the library,i.e. preparing for binding, collecting material, writing out slips and collating and processing bound volumes.

When choosing a binder, it is as well to compare costs and also find out about the length of time the books will be out of the library. There are binders who take many weeks or even months, but the period should not be as long - it should be possible to have binding returned within a month or less.

Costs of binding vary greatly and those given above are the September 1983 prices from a good binderin Montreal In general one gets what one pays for and lengthy delays, poor sewing and narrow margins are often the result of low prices. If possible check the quality of binding at some nearby library rather than relying on "sample volumes" provided by a binder looking for customers.

WHY do we bind?

As mentioned before, the main reason for binding is to preserve. The advantages of binding are compactness, neatness, convenience and security. It protects the journal and reduces the number of lost issues. If you have ever had several years of the New England Journal of Medicine in loose issues to shelve and keep in

order you will know exactly what this means. Shelf space required is much less, since the thirteen issues of JAMA make a pile of about nine inches while the bound volume could be less than two and a half. The volumes can stand up straight, are clearly marked on the back and articles are found by page number with no trouble. In the same way a paper-bound book if used a fair number of times will go to pieces and get tattered and torn.

WHAT do we bind?

Mainly, we bind periodicals, for the reason just given. But here we have some hard decisions to make, and this is tied up with the general philosophy of the hospital library and is affected by its size and its affiliations. Of first importance is the question: how long do we keep the journal? Does our library belong to a network or consortium with a central resource which can supply older journals or articles when we do not have them? Or do we have to borrow material by regular Inter-Library Loan each time we need an article? As a rough rule of thumb one handbook says that small hospital libraries should not bind at all, medium hospitals may or may not, and larger hospital libraries should bind the journals they are going to keep for five years or longer. Many libraries bind frequently-used journals - particularly the weekly publications (NEJM, JAMA, Lancet and BMJ). These are the ones that do not stand up on the shelves, are difficult to keep in order and are subject to loss.

Colour of binding: It is helpful to use a colour for the cover as near to the original as possible, e.g. to bind Blood in red, the Journal of Medical Education in blue. Another factor is the position of the journal on the shelf: when deciding on the colour for a new title go and look on the shelves where the set is kept and choose a colour which contrasts with the sets just before and after.

Advertisements: There are very few libraries in North American where the advertisements are bound in. One aim of binding is to remove all extraneous matter and save as much space as possible. The saving of bulk, in some cases, is easy, since the advertising matter is not numbered in the general pagination, e.g. some British journals - but in many of the American ones, e.g. JAMA, there is one continuous paging which can lead to trouble. The one reason for keeping some advertisments in would be an historical one,and this would be done in a few of the very large "monumental libraries" such as the New York Academy of Medicine and the McGill University's Medical and Osler Libraries.

HOW we bind

Several suggestions in answer to this question will follow, and then how to deal with some of the problems that arise.

First, one has to choose a binder. Ask around and find out which binders serve the area. which firms are used by other librarians

you know. Are they dependable in quality of binding, price,and speed? Do they have two kinds of binding? Sometimes lesser-used journals can be bound at an "economy" rate. But try to look at some speciments of the work examining the volumes for neatness, ease of opening (can the book be copied with ease), appearance of cover and endpapers.

Binders usually supply their customers with binding slips, one to be completed for each volume to be bound. On this the librarian gives the information for each volume, such as colour, form of the title, position of volume number and year, ownership mark etc. Duplicates are kept by the library, to use for the next volumes in the set, although most binders keep their own records once they have done one volume.

In order to bind a volume, the library must make sure that all the issues are included, together with the title page and the index and any supplements which may belong to the volume (in some cases where there are many supplements to each volume, they are bound separately and marked on the spine accordingly). In some cases the indexes do not come in the last number of the volume but some time later, either separately or included in a later issue. When a volume is very thick (remember to discount the advertising pages) it may be split into two volumes, marked I and II, such as 15(I) and 15(II) - this would be necessary when the volume when bound will be over two and a half inches. Sometimes when volumes are very thin two of them can be bound together, marked 12 - 13, 1978-79 as an example. A useful "rule of thumb" is to combine volumes if a single volume would have less than 100 pages and to split a volume if it would have over 300 pages. If a volume is too thick and is frequently photocopied the spine will eventually split.

Collation. It is not always necessary good to spend time seeing that all the pages are in the volume which is sent as the binder should have instructions not to bind a volume if there are any pages missing. Some binders offer a cheaper service if the volume is sent "bind as received". In this case the library staff should check all pages are there and remove all advertisements which are not required. Some libraries use staff available during evening hours to do such work and this may be cheaper than having it done by the binder. On the other hand, the librarian should spend time to collate each volume as it is returned from the binder. The newly-bound volume should be opened carefully, as with a new book,and then paged through to make sure that all the pages are there with all illustrations which may be listed in the Index or Contents. Errata should also be attended to . The volume is then bookplated and processed for the shelves and records adjusted. Some good ideas to be found in the Colaianni book p. 38 onwards.

ALTERNATIVES TO BINDING

It may be possible to bind only the most used journals or the ones most difficult to handle. There are various ways in which people try to cope with the piles of loose numbers. Some libraries coat the backs of piled-up numbers with glue and run a string zig-zag up the backs, thus fastening them together. The trouble with this is that you are glueing the covers but sometimes the contents tend to fall out.

You could drill holes and run file-clips or rings through the holes, or if the volume is too thick for the clips you may tie string through the holes; no more than two holes need to be drilled. You would need a suitable drill.

Volumes can also be kept in boxes, or Princeton files: these require rather more maintenance and constant tidying. The most common way is to tie each volume together with string:for easy use try to tie the boundles together by tying them horizontally only,with a slip knot.

The result of all this endeavour should be neater and more attractive shelves resulting in greater efficiency in finding material when it is required, thus helping to attain the objectives of the library.

References

1. Library Practice in Hospitals
   Edited by Harold Bloomquist and others. Cleveland, the Press of Case Western Reserve University, 1972.

2. Colaianni, Lois Ann and Mirsky, Phyllis. Manual for Librarians in Small Hospitals. 4th ed. University of California, Los Angeles, Biomeidcal Library,1978.

3. Robinow, Beatrix H. Organization of Hospital Libraries. 2nd ed. Toronto, Canadian Hospital Association, 1975.

4. Library Binding Handbook. Boston, Mass. Library Binding Institute, 50 Congress Street, Boston, Mass. 02109, 1971.

SELECTED LIST OF LIBRARY BINDERS

The following list was compiled in 1979 by Martha Stone and has been revised with the help of librarians in most regions of the country. If you can identify other binders specializing in library binding please inform David Crawford (address inside front cover). Thank you for your assistance.

ATLANTIC REGION

Occupational Training Centre
P.O. Box 936
Charlottetown, P.E.I. CIA 7M4
(902) 892-5338

Dicks & Co. Ltd.
385 Empire Avenue
St. John's, Newfoundland AIC 5K6
(709) 579-5111

R. & R. Bookbinding
Industrial Park
Fredericton, N.B. E3B 5A2
(506) 455-0177

QUEBEC REGION

Reliures Vianney Belanger Inc.
7980 Alfred (Anjou)
Montréal, Qué H1J IJI
(514) 353-2420

Harpell's Press Co-operative
1 Pacifique
Ste. Anne de Bellevue
Montréal, Qué. H9X 1Bo
(514) 457-5382

Reliures Caron & Létourneau Ltée
113 Rue de la Gare Labelle
Montréal, Qué GOT IHO
(514) 861-7768

Reliure Gala Inc.
160 Jean Milot
LaSalle, Qué H8R 2V9
(514) 367-1123

ONTARIO REGION

Bookshop Bindery
P.O. BOX 310
Ridgetown, Ontario NOP 2CO
(519) 674-2801

Lehmann Bookbinding Ltd.
25 Northfield Drive
Waterloo, Ontario N2L 4E6
(519) 884-1891

Smith, Irwin and Conley Ltd.
50 Lorne E.
Smiths Falls, Ontario K7A 3K7
(613) 283-5222

Wallaceburg Bookbinidng & Mfg. Co. Ltd.
95 Arnold Street
Wallaceburg, Ontario N6B 4L5
(519) 627-3552

PRAIRIES REGION

J.L. Perkins Bookbinder, Ltd.
1212 Scarth Street
Regina, Sask. S4R 2E5
(306) 527-2216

Art Bookbinding and Stationery Ltd.
115 Hutchings
Winnipeg, Manitoba R2X 2V4
(204) 633-2630

Universal Bindery (Manitoba) Ltd.
1415 Spruce Street
Winnipeg, Manitoba R3E 2V8
(204) 783-3890
(204) 772-7643

Universal Bindery (Sask.) Ltd.
516A Duchess Street
Saskatoon, Sask. S7K ORI
(306) 652-8313

Winnipeg Book Bindery, Ltd.
95 Gertie Street
Winnipeg, Manitoba R3A 1B7
(204) 942-2417

PACIFIC REGION

Academic Bookbinding Ltd.
77th Avenue
Surrey, B.C. V3W 2W6
(604) 591-8288

Atlas Bookbindery Ltd.
10540 123 Street
Edmonton, Alberta T5N 1P1
(403) 482-6066

Craftsman Bookbindery
11671 Bridgeport Road,
Building 3
Richmond, B.C. V6X 1T5
(604) 270-2529

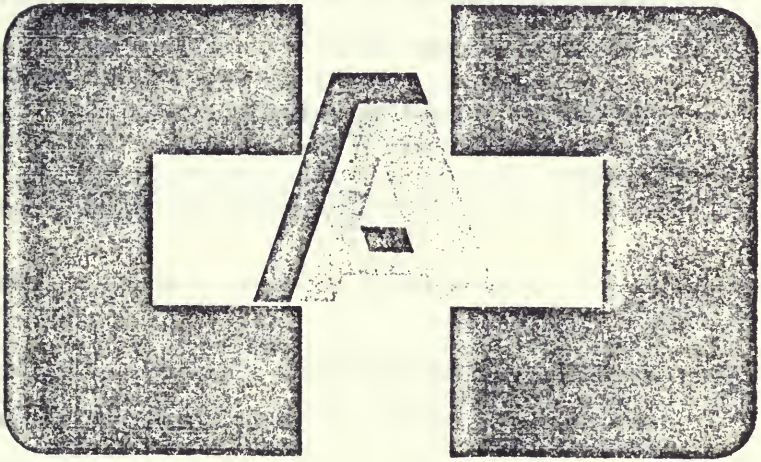
Economy Bookbindery Ltd.
1240 20th Avenue NW
Calgary, Alberta T2N 2K4
(403) 263-9400

High Level Bookbindery Ltd.
10372 60th Avenue
Edmonton, Alberta T6E 1G9
(403) 434-1809

Northwestern Bindery Ltd.
8115 132nd Street
Surrey, B.C. V3W 4N5
(604) 591-8608

Western Library Services Ltd.
1096 Ellis Street
Kelowna, B.C. V1Y 1Z4
(604) 763-7328

STANDARDS FOR ACCREDITATION OF CANADIAN HEALTH CARE FACILITIES



CANADIAN COUNCIL ON HOSPITAL ACCREDITATION
CONSEIL CANADIEN D'AGRÉMENT DES HÔPITAUX

JANUARY 1983

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LIBRARY SERVICES

PRINCIPLE: LIBRARY SERVICES SHALL BE MAINTAINED FOR ALL OF THE PROFESSIONAL AND ANCILLARY STAFF AS APPROPRIATE.

STANDARD I GOALS AND OBJECTIVES

THERE SHALL BE CLEARLY STATED GOALS AND OBJECTIVES FOR THE PROVISION OF LIBRARY SERVICES.

Interpretation

Goals and objectives shall be developed for the library services and shall be consistent with the overall goals of the health care facility.

The extent and scope of library services will vary with the size and responsibilities of the health care facility, and must be considered in relation to other local, community and regional resource libraries. All libraries shall be capable of providing information:

In support of patient care.

In support of the educational and continuing education programs of professional and other staff.

To keep personnel aware of new developments in their own fields.

In support of any special function of the health care facility.

Where appropriate, libraries should be capable of providing information in support of clinical research.

STANDARD II ORGANIZATION AND ADMINISTRATION

THERE SHALL BE A CURRENT WRITTEN PLAN DESCRIBING THE ORGANIZATION OF LIBRARY SERVICES.

Interpretation

There shall be a written organizational plan which delineates the current responsibilities, relationships and formal lines of communication of library services and the interrelationships with other services.

It shall be reviewed annually, revised as necessary and shall be available to all staff.

The library services shall be represented in planning, decision making and formulation of policies that affect the operation and the objectives of the services.

An advisory committee should be established to help formulate the policies for the library services and find ways of solving problems of interaction and finance. Its members should include representatives from professional, technical and administrative staffs, and over a period of time should represent all levels of personnel. As an interdisciplinary body it should assist in maintaining liaison between the library and its users. It shall meet regularly, at least quarterly.

STANDARD III DIRECTION AND STAFFING

THE LIBRARY SERVICES SHALL BE DIRECTED AND STAFFED BY SUFFICIENT NUMBERS OF QUALIFIED PERSONNEL TO MEET THE STATED GOALS AND OBJECTIVES.

Interpretation

Wherever possible or feasible a qualified professional librarian with experience in a health services library should be in charge. Where this is not possible or feasible the services should be sought through cooperation with other health care facilities in the area or through a regional service.

All library personnel shall be prepared for their responsibilities through appropriate training, or through in-service training and educational programs. The quality of the library staff is the single most important factor in the effectiveness of the library activities. The purpose of the librarian shall be to use technical knowledge and training to exploit the book stock to the full and to provide an information service. The numbers and types of library workers will depend upon the size and complexity of the health care facility, as well as services offered and functions performed.

STANDARD IV FACILITIES, EQUIPMENT AND SUPPLIES

LIBRARY SERVICES SHALL HAVE ADEQUATE SPACE, FACILITIES, EQUIPMENT AND SUPPLIES TO FULFILL ITS PROFESSIONAL, EDUCATIONAL AND ADMINISTRATIVE FUNCTIONS.

Interpretation

The library should be conveniently located and readily accessible to all potential users. Library services shall have sufficient space to meet work load requirements. Work space shall be available for library functions such as acquisition, cataloguing, typing, filing, processing new material and preparation of volumes for binding.

Physical conditions such as lighting, heating and ventilation shall be adequate.

All equipment and supplies shall be of a quality and quantity which allows for and supports effective information services.

Library materials shall be protected against loss or damage.

STANDARD V POLICIES AND PROCEDURES

THERE SHALL BE CURRENT WRITTEN POLICIES AND PROCEDURES WHICH DELINEATE THE SCOPE AND FUNCTION OF LIBRARY SERVICES

Interpretation

Written policies and procedures for library services shall be developed and available to all staff. They shall be reviewed annually, revised as necessary and dated to indicate the time of last review and/or revision.

The library should provide books, journals and audiovisual materials with adequate bibliographic sources and indexes to provide information and reference

service in support of its objectives. It shall provide a document delivery service: that is, provide books and periodical articles, either from the library's own collection or by borrowing from other sources.

Policies and procedures which govern the services and supporting technical functions of the library shall include statements of reference:

The selection, acquisition and organization of books, journals, reports and audiovisual materials.

The provision of reference and bibliographic materials and indexes and the ability to provide from these, citations and answers to questions.

The development of relationships with other libraries, both local and regional, for their mutual benefit and to establish a system of interlibrary borrowing and lending.

The quality of the collection of books, journals and other materials is more important than the quantity, although it must be recognized that a small collection will have only limited use. There shall be available current and basic texts reflecting the interests of the health care facility with emphasis on any special service.

Journals and periodicals, both general and special, shall be appropriate to the size and function of the health care facility and they should provide information beyond the immediate scope of the services provided. Indexes to the journal literature shall include those to the professional and administrative material. Provision shall also be made for access to the more complex indexes.

STANDARD VI EDUCATION

CONTINUING EDUCATION PROGRAMS SHALL BE OFFERED TO ALL STAFF INVOLVED IN LIBRARY SERVICES.

Interpretation

Programs offered shall include orientation, in-service education and continuing education programs, with emphasis on current policies and procedures.

Staff shall be encouraged to attend meetings and seminars relevant to the function of the service.

STANDARD VII QUALITY ASSURANCE

THERE SHALL BE PROCEDURES ESTABLISHED TO EVALUATE THE QUALITY OF LIBRARY SERVICES AND PERFORMANCE OF PERSONNEL.

Interpretation

There shall be written procedures outlining the methods of evaluating library services. Staff shall receive the results of such evaluations and participate in plans to overcome any deficiencies.

Evaluation processes may include individual supervision, peer review, clinical data systems or audits.

Records should be kept of the type and volume of periodicals, textbooks, etc. that are being used as well as requests from staff for acquisitions.

LIBRARY SERVICES

		YES	NO
1.	THERE SHALL BE CLEARLY STATED GOALS AND OBJECTIVES FOR THE PROVISION OF LIBRARY SERVICES.		
1.1	Written goals and objectives are developed for library services and are consistent with the overall goals of the health care facility.	___	___
1.2	The extent and scope of library services is appropriate to the size and responsibilities of the health care facility.	___	___
1.3	The library is capable of providing information:		
	- in support of patient care.	___	___
	- in support of the educational and continuing education programs of professional and other staff.	___	___
	- to keep personnel aware of new developments in their own fields.	___	___
	- in support of any special function of the health care facility.	___	___
2.	THERE SHALL BE A CURRENT WRITTEN PLAN DESCRIBING THE ORGANIZATION OF LIBRARY SERVICES.		
2.1	There is a written organizational plan which delineates the current responsibilities, relationships and formal lines of communication of library services with other services.	___	___
2.2	The organizational plan is reviewed annually, revised as necessary and is available to all staff.	___	___
2.3	Library services are represented in planning, decision making and formulation of policies that affect the operation and the objectives of the services.	___	___
2.4	A library advisory committee is established to help formulate the policies for the library services.	___	___
2.5	The above committee membership includes representatives from:		
	- professional staff.	___	___
	- technical staff.	___	___
	- administrative staff.	___	___
2.6	The library committee assists in maintaining liaison between the library and the users.	___	___
2.7	The committee meets regularly, at least quarterly.	___	___

		YES	NO
3.	THE LIBRARY SERVICES SHALL BE DIRECTED AND STAFFED BY SUFFICIENT NUMBERS OF QUALIFIED PERSONNEL TO MEET THE STATED GOALS AND OBJECTIVES.		
3.1	A qualified professional librarian with experience in a health services library is in charge.	___	___
3.2	Where this is not possible, consultation is sought through cooperation with other health care facilities or through a regional service.	___	___
3.3	All library personnel are prepared for their responsibilities through appropriate training including in-service and educational programs.	___	___
3.4	The librarian uses technical knowledge and training to exploit the book stock to the full and to provide an appropriate information service.	___	___
3.5	The number and types of library workers is appropriate to the size and complexity of the health care facility and the services offered.	___	___
4.	LIBRARY SERVICES SHALL HAVE ADEQUATE SPACE, FACILITIES, EQUIPMENT AND SUPPLIES TO FULFILL ITS PROFESSIONAL, EDUCATIONAL AND ADMINISTRATIVE FUNCTIONS.		
4.1	The library is conveniently located and readily accessible to all potential users.	___	___
4.2	Library services have sufficient space to meet work load requirements.	___	___
4.3	Work space is available for:		
	- acquisition.	___	___
	- cataloguing.	___	___
	- typing.	___	___
	- filing.	___	___
	- processing new material.	___	___
	- preparation of volumes for binding.	___	___
4.4	Physical conditions such as lighting, heating and ventilation are adequate.	___	___
4.5	All equipment and supplies are of a quality and quantity which allows for and supports effective information services.	___	___
4.6	Library materials are protected against loss or damage.	___	___
5.	THERE SHALL BE CURRENT WRITTEN POLICIES AND PROCEDURES WHICH DELINEATE THE SCOPE AND FUNCTION OF LIBRARY SERVICES.		
5.1	Written policies and procedures for library services are developed and available to all users.	___	___

	YES	NO
5.2 Policies and procedures are reviewed annually, revised as necessary and dated to indicate the time of last review and/or revision.	___	___
5.3 Policies and procedures which govern the services and supporting technical functions of the library include statements referring to:		
- the selection, acquisition and organization of books, journals, reports and audiovisual materials.	___	___
- the provision of reference and bibliographic materials and indexes and the ability to provide from these, citations and answers to questions.	___	___
- the development of relationships with other libraries, both local and regional, for their mutual benefit and to establish a system of interlibrary borrowing and lending.	___	___
5.4 The library provides a document delivery service.	___	___
5.5 There are available current and basic texts reflecting the interests of the health care facility with emphasis on any special service.	___	___
5.6 Journals and periodicals, both general and special, are appropriate to the size and function of the health care facility and provide information beyond the immediate scope of the services provided.	___	___
5.7 Indexes to the journal literature include those to the professional and administrative material.	___	___
5.8 Provision is made for access to the more complex indexes.	___	___
6. CONTINUING EDUCATION PROGRAMS SHALL BE OFFERED TO ALL STAFF INVOLVED IN LIBRARY SERVICES.		
6.1 Educational programs offered include:		
- orientation.	___	___
- in-service education.	___	___
- continuing education.	___	___
6.2 Program content reflects emphasis on current policies and procedures.	___	___
6.3 Programs are:		
- planned and scheduled in advance.	___	___
- on a continuing basis.	___	___
- to meet needs of the staff as revealed by internal evaluation studies and reports of the library committee.	___	___

		YES	NO
6.4	The results of evaluation of library services are made available to library staff in order to be fully utilized as an important contribution to the continuing education program.	___	___
6.5	Records of programs offered and response to such programs are kept.	___	___
7.	THERE SHALL BE PROCEDURES ESTABLISHED TO EVALUATE THE QUALITY OF LIBRARY SERVICES AND PERFORMANCE OF PERSONNEL.		
7.1	There are written procedures outlining the methods of evaluating library services.	___	___
7.2	The quality assurance program includes:		
	- analysis of use.	___	___
	- extent of circulation.	___	___
7.3	Quality assurance activities are conducted regularly and are documented.	___	___
7.4	Library staff:		
	- receive the results of such evaluations.	___	___
	- participate in plans to overcome any deficiencies.	___	___
7.5	There is documentation of actions taken following the results of the quality assurance program.	___	___
7.6	All library staff are provided with an annual written performance appraisal.	___	___
7.7	All documentation reference quality assurance is available for review by the surveyor(s).	___	___

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STANDARDS AND HOSPITAL LIBRARIES:

OBSERVATIONS ON THE 1983 EDITION OF THE CANADIAN COUNCIL ON HOSPITAL ACCREDITATION, STANDARD FOR ACCREDITATION OF CANADIAN HEALTH CARE FACILITIES - LIBRARY SERVICES

- ANDRAS K. KIRCHNER,
Medical Librarian
University of Calgary

It is a well know fact that we have very few qualified medical librarians in our country and many of our rural hospitals have no libraries at all. Regional medical library services, usually provided by university medical libraries, are limited to only one sector of health care personnel, namely to physicians whose associations subsidize expenses. Because of this situation a large segment of our health care professions are deprived of adequate library services. [1] In these circumstances, the influence of the CCHA Standard for Library Services is very significant.

Population geography is another factor which must be taken into consideration. In densely populated areas such as the Quebec-Montreal-Ottawa-Toronto corridor, large hospital and university medical libraries abound and can indeed depend upon each other. In the Maritimes and in the western provinces especially, one may travel as much as 300 km to find a usable medical library collection. Therefore the Standard's[1] recommendation that services should be sought through cooperation with other health care institutions in the area via regional service[2] is not applicable in the larger part of Canada.

The Canadian Council on Hospital Accreditation (CCHA) Standard prescribes that "all library personnel shall be prepared for their responsibilities through appropriate training or through in-service training and educational programs."[3] This fails to recognize that in rural community hospitals, especially in the west, there is no one who would be able at present to provide this local in-service training. Nor can hospitals release the medical record technician who is usually in charge of the "library" to spend lengthy times in training under a professional medical librarian at a distant medical center.

Unfortunately as I had to discover, schools for medical record technicians and for medical record librarians are providing only a very superficial education, if at all, on libraries or library services.

In these circumstances, it would have been very appropriate to adopt the American Standard's recommendation, namely: "when employment of a full-time or part-time qualified medical librarian is not possible, the hospital shall secure the regular consultative assistance of such an individual."[4] The medical librarian-consultant would be certainly capable of supplementing local library skills and providing guidance and training to local library staff. Such qualified individuals would certainly be available at university medical libraries. Finances could be

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1. Canadian Council on Hospital Accreditation. (C.C.H.A.) Standard for Accreditation of Canadian Health Care Facilities. 1983. Library Services. Ottawa, C.C.H.A., 1983. p.127-130.
2. Ibid. Standard III. p.128.
3. Ibid. Standard III. p.128.
4. Joint Commission on the Accreditation of Hospitals. (J.C.A.H.) Accreditation Manual for Hospitals. Professional Library Services. Standard I. 20. Chicago, J.C.A.H., 1983. p.147.

resolved on a cost sharing basis by participating hospitals.

Medical libraries are not standing by themselves; they have an important role to disseminate knowledge to health personnel in order to provide the best possible treatment to their patients, whether in a big city hospital or in a small municipal hospital in a distant rural area. The dissemination of medical knowledge requires adequate skill and appropriate education!

Standard II[5] prescribes that advisory committees should be established and their members should include representatives from the various strata of hospitaldom; i.e. professional, technical and administratives. Duties are described, and even frequency of meetings are determined. The librarian is not mentioned, it seems, purposefully.

There are two important factors which are missing in this area. First, the library advisory committee is no longer required to interact between the library and hospital administration to solve problems of finances; in this traditionally sensitive area the help of the advisory committees has always been useful for both parties. Instead, the committee received a new responsibility to maintain a liaison between the library and its users. It must be indeed a very sorrowful situation when an intermediary is required for this purpose. After all, how can a library function if it has no direct liaison with its clientele? The other important thing which is missing is a statement concerning whom this advisory committee is supposed to advise.

It may sound unbelievable but in at least one of the largest hospitals of our country, the professional librarian is not even a member of the advisory committee. Someone invented an umbrella organization called "educational services". Generally three or four distant departments are grouped together such as the library, the medical illustration department, the photography/film making department and occasionally the computing unit. In each of these unit's function, no doubt there is one common element: education. But with this the similarity ends. The library educates by organizing and disseminating available information without interpreting it. The medical illustration, photography and film making units are educating by artistic creation, interpreting information for the sake of easy understanding. The three may use computing services on the same basis as everybody uses electricity. And it is the advisory committee of the whole educational services department which has taken over the function of the library advisory committee. The director of "educational services" or "educational coordinator" fills the role of the professional librarian in the committee, representing the library along with other units of the department, often with conflicting interests. The librarian reports to the director, who in turn reports to the administration. Because of these dissimilarities, most organizations involved in hospital and library activities recommend that the library should be conceived as a line department of the hospital and be directly responsible to administration.[6,7,8] The 1977 edition of the CCHA Guide[9] accepted this principle. M.A. Flower hailed this

5. C.C.H.A. Library Services. Standard II. p.127.
6. Canadian Standards for Hospital Libraries. Can. Med. Assoc. J. 1975; 112:1271-1274.
7. Hutchinson, A.P. et al. Proposed Standards for Professional Health Sciences Library Services in Hospitals of New York State. Bull. Med. Libr. Ass. 1978; 69:287-293.
8. Pacific Southwest Regional Medical Library Service. Manual for Librarians in Small Hospitals. 5th ed. Los Angeles. U. of California, Biomedical Library. 1981. p.1.
9. Canadian Council on Hospital Accreditation. Guide to Hospital Accreditation, 1977. Staff Library Services. Standard I. Ottawa, C.C.H.A. 1977. p.125.

event as a "great relief of medical librarians in Canada."[10] Unfortunately, our relief was rather short lived; the 1983 edition has omitted this principle.

These "educational services departments" are springing up in various hospitals for no reason other than copying each other, causing harm, unnecessary stress and hardship to everybody. It is hoped that this trend will change and this new fad will disappear.

Finally, it would have been appropriate to include in the Standard that all professional library collections within the hospital be under a single library service, at least administratively, when not physically possible. The library should be able to provide information concerning library resources located within departments. The above has been taken verbatim from the American Accreditation Manual for Hospitals.[11] In our dire financial situation, the above money-saving directive should not have been neglected.

My final conclusion is that the CCHA 1983 edition for Library Services is a disappointment. It abounds in formalities but fails in substantial matters.

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10. Flower, M.A. Toward Hospital Library Standards in Canada. Bull. Med. Libr. Ass. 1981; 69;287-293.

11. J.C.A.H. Professional Library Services. Standard I. Resources. 20. p.148.

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LISA DECIDES TO INDEX BMC

At the request of CHLA, the Library Association (U.K.) has agreed to index Bibliotheca Medica Canadiana in its publication, Library and Information Science Abstracts (LISA).

This will be effective beginning with volume 5 #1, 1983.

JOB CLASSIFICATION COMMITTEE - FINAL REPORT

- ELIZABETH A. REID
CHAIRPERSON

The Job Classification Committee was established at the February 1982 Board Meeting, in response to a memorandum dated October 1, 1981 which was sent from the President of the Toronto Medical Libraries Group. This memorandum outlined over a dozen problems which hinder the accurate job classification of staff in health sciences libraries, in particular, staff in hospital libraries.

Six objectives were presented for Board consideration in June 1982. The Committee then began concentrating on one aspect, since the topic was too broad and complex to tackle at a general level. At that time, it was recommended to the Board that job descriptions would be the best area to investigate.

The objectives were restated, with one objective chosen as the goal and the others prioritized under it. At the October 1982 Board meeting, the following goals and objectives were accepted, with emphasis on hospital libraries.

Goal: To educate health sciences library personnel in the need to have good job descriptions.

Objectives:

1. Make CHLA members aware of job classification inequities via dissemination of information on this subject; encourage members to investigate situations for themselves.
2. Act as a resource for members' questions re job classification subjects.
3. Investigate problems seen to exist.
4. Prepare and distribute information of value to those employers who seek information to better classify their library personnel.
5. Conduct a job classification survey.

Information would be obtained from provincial and federal agencies and issues would be discussed in the spring BMC. It was necessary to review the literature to know whether the subject was covered in library literature, with particular reference to special libraries. Also, in order to become knowledgeable about the significance of job descriptions within the context of job classification, the business literature would also need to be selectively reviewed.

Due to the nature of the subject and the approach taken, the investigative part of the Committee's work took a long time. The Chairman felt there was a need to know how the system worked--how it affected the position and how the position affected it. Also, it became apparent that an historic view was an important part of the overall interpretation. During the period between the

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February and June 1983 Board meetings, investigations revealed important points linking job descriptions and job classification systems.

Since the June meeting, all information gathered to date has been consolidated. A rough count shows that notes were made on approximately seventy usable articles or chapters, as well as sixty pieces of correspondence or phone memoranda. This allowed the Committee to outline the various influences on job descriptions and to find solutions or action plans for dealing with the problems which result from having poor job descriptions. The goal of educating health sciences library personnel of the need to have good descriptions was interpreted as providing information on the influences, purposes, uses and format of job descriptions, by way of selective bibliography.

The following data support the view that job descriptions play a critical role in the process leading to the accurate placement of library positions within an institution's classification system. Also, knowledge of the dynamics of job analysis and job evaluation is helpful when a library employee creates or revises a job description, with little or no guidance from a personnel officer. These findings are the final conclusions of this Committee.

JOB DESCRIPTIONS: THEIR ROLE AND EFFECT IN JOB CLASSIFICATION

Job descriptions prepared by library staff members for presentation to administrators must be carefully analyzed to correct the following:

- incorrect assumptions
- misunderstandings
- inconsistencies
- inaccuracies
- insufficient or misleading information

These problems are usually created by administrators or personnel officers, primarily non librarians, but library staff may also contribute to the problem.

The lack of concise, well written, detailed, accurate and up-to-date job descriptions becomes a problem due to the importance of the job description in the classification process.

a) Job Classification places jobs with similar or related duties and responsibilities into a manageable relationship. This facilitates the vertical and horizontal structuring of jobs within the organization.

b) Job classification requires job evaluation. This process examines contributions in the employment exchange, emphasizing job content, not the individual in the job. It distinguishes between jobs and looks for the similarities, not for the differences as often viewed by employees. Job evaluation determines the relative position of one job to another, to balance external and internal relationships so that internal consistency of positions within the organization is achieved.

c) Job classification involves job analysis, which is an attempt to collect completely and accurately the content and employee requirements of the position. This results in the basic tool for evaluation--the job description.

d) Inadequate or ambiguous job descriptions can result in positions being incorrectly evaluated. For example, the omission of any common job factors has a downgrading effect. The use of terminology, standardized format and a style recognizable to the job analyst can have an upgrading effect. Be sure to include goal-oriented responsibilities, not just an enumeration of tasks. Neglecting and not recognizing the importance of good job descriptions results in misleading comparisons of jobs within different institutions.

e) Comparing jobs externally must consider that the job title can have a different meaning and represent a different position in different institutions. This is especially true for the term "librarian". The "same" job or same general description may have two quite different reporting structures in the organizational charts of different institutions. Positions are affected by market influences such as geographic location and the local employment situation. The size, complexity and type of institution can also affect the role and scope of library staff. For example, the library may be controlled administratively by non-library staff; the library may be part of an information centre and be controlled by library staff; the library may or may not have control over numerous departmental collections of books and journals.

Inaccurate job evaluation has widespread repercussions on health sciences library staff. Distinctions between professional and non-professional may not be appreciated by employers. Incorrect hiring may result in poor quality of service, lack of staff motivation and lack of cost effective staff utilization. Expanding library roles may not be recognized. Library funding can be affected. Government officials, with influence on health care institutions' personnel practices, group professional librarians with medical record and film "librarians,"[1] omit Library Technician as a sample named title within the appropriate group for that position,[1] include inadequate duties in the position summary for Special Librarian,[2] and provide nearly twenty-year-old information as the latest edition of a standard health care personnel publication.[3]

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1. Statistics Canada. Standard Occupational Classification. Ottawa: Statistics Canada, 1980:80. (dicennial)

2. Employment and Immigration Canada. Canadian Classification and Dictionary of Occupations. 2nd ed. Ottawa: Employment and Immigration Canada, 1980:19-20.

3. United States. Training and Employment Service. Job Descriptions and Organizational Analysis for Hospitals and Related Health Services. Rev. ed. Washington, D.C.: U.S. Government Printing Office, 1970:349-55.

   (prepared in cooperation with the American Hospital Association) (classification numbers based on the U.S. Dept. of Labor's Dictionary of Occupational Titles, 3rd ed., 1965; there is a 4th ed., 1977.)

The Committee recommends the following:

a) That health sciences library personnel be encouraged to give priority to developing and maintaining up-to-date, accurate, detailed and properly written job descriptions.

b) That health sciences library personnel look beyond the library and information science field to find answers to this problem in the area of human resources management.

That they observe the activities of other health professions and health administrators in order to learn and understand their points of view. That they develop a clear image of the goals of the institution and try to integrate library services and cooperate with other health professionals to reach those goals.

That they promote the unique qualities brought to the library position and use the special library skills to full advantage in traditional and new and developing roles.

c) That surveys of health sciences library positions consider the varying classification of positions, so that positions can be meaningfully compared and usable data be made available to employers.

The following selective bibliography contains "how to" articles on job descriptions, as well as articles about job descriptions and their importance in personnel management.

* * * * * * * *

CHLA EDUCATION COMMITTEE

The Education Committee now has a full slate of members for the current year, with the Board's approval of the appointments of Margie Taylor and Dale Nelson.

A new call for members will be issued in spring of 1984.

If anyone has questions concerning the work of the Education Committee, please contact:

Ms. Mary Conchelos
Science and Medicine Library
University of Toronto
7 King's College Circle
Toronto, Ontario
M5S 1A5

CHLA CONFERENCE PROGRAMME 1984

WHEN: June 2-6, 1984
WHERE: Ramada Hotel, Toronto, Ontario
THEME: High Tech in Health Science Libraries in the 80's

SATURDAY JUNE 2, 1984

Board of Directors Meeting

SUNDAY JUNE 3, 1984

Two C.E. courses will be offered (details to follow in next issue).

The Robert L. Borden room will be available all day for any committee meetings.

In the evening, there will be a welcome reception in the Starlight and Rainbow rooms of the Ramada Hotel.

MONDAY JUNE 4, 1984

Welcome Address

Keynote Addresses:

Microcomputers in Libraries
Gene Wilburn
Royal Ontario Museum, Toronto

Buying your computer: when and how?
Martin Lamb
Faculty of Library and Information Science
University of Toronto

Computer software and networks
Keith Thomas
Infokinetics. A Computer Consulting Firm.

Afternoon: Short discussions on:

- Videotex
- IDRC
- Downloading
- CISTI and High Tech Survey
- Word Processors
- Envoy 100

Evening: Cocktails, banquet and entertainment at the Royal Canadian Yacht Club. Registrants are welcome to invite a guest for the evening.

TUESDAY JUNE 5, 1984

Morning: Panel discussion: Health Library Applications

Moderator: Ann Manning
Kellogg Health Sciences Library
Dalhousie University, Halifax

Topics:
1. Micros in the library
2. Micros: administrative applications
3. Use of SCI-MATE in an academic department
4. Using micros for AV purposes
5. Electronic publishing
6. DBASE II in the library.

Afternoon: Annual General Meeting

WEDNESDAY JUNE 6, 1984

Tours of local libraries.

Medline problem solving clinic.

C.E. course.

Board meeting.

Further details will be included in the next issue.

PROGRAMME DE LA CONFERENCE ABSC, 1984

QUAND: le 2 au 6 juin, 1984
OU: Ramada Hotel, Toronto, Ontario
THEME: La Haute Technologie aux Bibliothèques de Sciences Médicales pendant les années '80.

SAMEDI LE 2 JUIN, 1984

Réunion du conseil d' administration

DIMANCHE LE 3 JUIN, 1984

Deux cours de C.E. seront offerts (détails à suivre dans le prochain numéro).

La salle Robert L. Borden sera disponsible toute la journée pour les réunions de comité.

Une réception de bienvenue aura lieu le soir aux salles Starlight et Rainbow de Ramada Hotel.

LUNDI LE 4 JUIN, 1984

Discours de bienvenue

Note dominante d' Adresses:

Micro-ordinateurs dans les Bibliothèques
Gene Wilburn
Royal Ontario Museum, Toronto

Acheter votre ordinateur: quand et comment?
Martin Lamb
Faculté de Science et Information de la Bibliotheque, Université de Toronto

Marchandise des ordinateurs
Keith Thomas
Infokinetics. Une Compagnie de Consultation d'Ordinateur

L'Aprés-Midi: Discours brefs sur: Videotex
IDRC
Downloading
CISTI et Enquête de la Haute Technologie
Processeurs de mots
Envoy 100

Le Soir: Cocktails, banquet et divertissement au Royal Canadian Yacht Club. Les participants sont bienvenues à inviter quelqu'un pour la soirée.

MARDI LE 5 JUIN, 1984

Le Matin: Applications de Bibliothèques Médicals

Modératrice: Ann Manning
Kellogg Health Sciences Library,
Dalhousie University, Halifax

Sujects:
1. Micro-ordinateurs dans les bibliothèques
2. Micro-ordinateurs: applications administratives
3. L'emploi de Sci-MATE dans un départment académique
4. L'emploi des micro-ordinateurs avec AV
5. Publication électronique
6. DBASE II dans la bibliothèque

L'Apres-Midi: Réunion Générale Annuelle

MERCREDI LE 6 JUIN, 1984

Tours des bibliothèques locales.

Une clinique Medline pour résolution des problémes.

Un cours de C.E.

Une réunion du conseil.

Plus de details seront inclus dans le prochain numéro.

NEW PUBLICATIONS

HEALTH AND WELFARE CANADA

Preserving Universal Medicare/Pour une assurance-santé universelle.

Ottawa: Health & Welfare Canada. 1983. 66p.
(Bilingual edition)
Free.

Investigation of Radiation Emissions from Video Display Terminals.

Ottawa: Environmental Health Directorate. 1983.
Series: 83EHD91

French version: Investigation sur les rayonnements issus des terminaux à écran cathodique.
Free.

Both publications are available from:

Public Affairs Directorate
Health and Welfare Canada
Room 558, Brooke Claxton Bldg.
Ottawa, Ontario K1A 0K9
(613) 996-4950

Women and Alcohol

Ottawa: Health Promotion Directorate. 1983. 16p.
Catalogue No. H39-68/1983. E or F.
Free.
French version: Les femmes et l'alcool

Available from:

Health Promotion Directorate
Health and Welfare Canada
Jeanne Mance Building
Ottawa, Ontario K1A 1B4
(613) 996-1513

Economic Impact of Canada's Retirement Income System

Ottawa: National Advisory Council on Aging. 1983. 19p.
Catalogue No. H-71-2/1-1-1983. E or F.
Free.

French version: Impact économique du système de revenu de retraite du Canada.

Available from:

National Advisory Council on Aging
Room 1264, Jeanne Mance Building
Ottawa, Ontario K1A 0K9
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BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

VOL. 5, NO. 4 1984

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INFORMATION FOR CONTRIBUTORS/AVERTISSEMENT AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE 1983/84

The deadlines for submission of articles to v.5 are as follows:

5:5 April 6, 1984

CALENDRIER DE PUBLICATION

Les dates limites pour des articles pour les envois à paraître:

5:5 6 avril 1984

FROM THE EDITORS

On a brilliant February day, Ottawa is at its busiest. The federal budget date has been set for mid-February, and plans for the installation of Canada's first woman Governor General are underway. Recently introduced legislation, such as the proposed Security Service bill, divorce legislation amendments and the Canada Health Act, are causing a strong and vocal reaction in all quarters. But more importantly, Winterlude, Ottawa's week-long festival in honour and defiance of winter, is now in full swing--complete with ice sculptures, hockey matches between Members of Parliament and skating along seven kilometres of frozen Rideau Canal through downtown.

In the midst of all this, its difficult to tear oneself away and put pen to paper for a new issue of BMC. But, the transition is made much easier by the excellent articles submitted from across the country.

In the last issue, we began a series of articles on drug information in Canada and this theme continues in the present issue. Dr. Ian Henderson of Health and Welfare Canada has written a thoroughly readable, detailed description of the Canadian drug approval process. This article demystifies this complex process and contrasts the Canadian and, perhaps more well-known, American system. A full translation of this article has been provided. From Halifax, Verona Hall and Elizabeth Foy compare the usefulness of two online drug information services. Their findings will be valuable to other libraries in searching for drug-related information.

In addition, several articles on a variety of more general topics are also included. Joanne Marshall updates her previously published bibliography on clinical librarianship. Kathy Eagleton provides a delightful account of her visits to British health libraries, as sponsored by the World Health Organization. WHO may soon find itself overwhelmed with Canadian applications for this worthwhile programme. Last but not least, there are reports from CHLA chapters, from ASTED's Section de la santé, and from two upcoming conferences.

And now its time to don the skates, brave the cold and celebrate. See you next spring--if we survive!

DEBORAH BAILLIE
ASSISTANT EDITOR

BONITA STABLEFORD
EDITOR

* * * * * *

FROM THE PRESIDENT

- BARBARA GREENIAUS
  President, CHLA

To all of you who took the time to complete the questionnaire in the last issue, thank you. For those of you who meant to fill it in but didn't get around to it, we're still anxious to hear how you feel about the timing of future annual meetings and about the proposed newsletter. Please hunt up the last BMC, tear out that page and put it in your in-basket. It's much more likely to be mailed from that position than from the middle of the pile of journals on your book case.

I was delighted to read that Bea Robinow has joined David Crawford and Babs Flower on the CANHEALTH team. We must continue to support and assist them with this exemplary work. It was with pride that I added CANHEALTH to the reading list of a course I am teaching called Working in a Health Science Library. CANHEALTH is making my job easier - I hope it's doing the same for you.

All of the Board members are packing up their kit bags and heading to Toronto next week. Sandra Langlands' bag may be an especially full one, what with the diapers and bottles and all. We send our best wishes and congratulations to Jim and Sandra on the arrival of Laura MacKenzie.

The agenda is such a long one that we have decided to spread the meeting over two days. In addition to the routine affairs of the Association, we will be discussing Frances Groen's work attracting funding to support the attendance of librarians from the developing world at the Fifth International Congress on Medical Librarianship. Claire Callaghan will be at the meeting with an up-to-date report on the conference plans for June.

The CHLA Executive Manual which Ann Manning has produced will be given its final approval. Ann's hard work on this document will continue to pay off for years to come; it clarifies and defines the role of each member of the Executive and eliminates uncertainties about spheres of responsibility.

For conference planners of the future, Marilyn Hernandez has written a comprehensive guide to the terms of reference of the Annual Conference Planning Committee which will be reviewed for the first time. The Board will consider a new design for the cover of BMC, review a proposed application for funding assistance, hear Chapter and Committee reports, evaluate criteria for special awards, make nominations for representatives to the Health Sciences Resource Centre Advisory Committee, and evaluate the response of the membership to a newsletter and scheduling of annual meetings.

And then of course, there will be shopping at the Eaton Centre and the best Indian food in Canada. Toronto is such a great place to have a meeting--I'm already looking forward to going back in June.

* * * * * *

UN MOT DE LA PRÉSIDENTE

- BARBARA GREENIAUS
  présidente ABSC

Je tiens à remercier toutes les personnes qui ont répondu au questionnaire dans le dernier numéro. Si vous aviez l'intention de répondre, mais que vous ne l'avez pas encore fait, il est encore temps de nous laisser savoir ce que vous pensez de la date des assemblées annuelles et de la publication d'un bulletin. Nous serions bien contents de connaître vos idées à ce sujet.

J'ai été très heureuse d'apprendre que Bea Robinow travaille avec David Crawford et Babs Flower au sein de l'équipe CANHEALTH. Nous devons continuer à appuyer ce beau travail. Je suis bien fière d'avoir ajouté CANHEALTH à la liste bibliographique du cours que j'enseigne sur le travail dans une bibliothèque des sciences de la santé. CANHEALTH rend ma tâche plus facile - et la vôtre aussi, je l'espère.

Tous les membres du Bureau de direction préparent leur valise en vue de la réunion de Toronto la semaine prochaine. La valise de Sandra Langlands sera joliment bien remplie: couches, biberon et le reste. Félicitations et meilleurs voeux à Jim et Sandra à l'occasion de la naissance de Laura MacKenzie!

L'ordre du jour est si long que nous avons prévu deux journées pour cette réunion. En plus des affaires courantes de l'Association, nous allons passer en revue le travail de Frances Groen en matière de financement de la participation des bibliothécaires des pays en voie de développement au cinquième congrès international de bibliothéconomie médicale. Claire Callaghan assistera à la réunion et présentera un rapport sur la préparation de la conférence en juin.

Le manuel administratif de l'ABSC mis au point par Ann Manning recevra un assentiment définitif. Le travail ardu accompli par Ann portera fruit pendant des années; ce document énonce et définit le rôle de chaque membre de la direction et élimine les ambiguïtés en matière de mandat.

Marilyn Hernandez a rédigé, à l'intention des organisateurs de conférences à venir, un guide global du mandat du comité de planification de la conférence annuelle, qui sera examiné pour la première fois. Le Bureau de direction étudiera une nouvelle couverture pour le BMC, examinera une demande d'assistance financière, recevra des rapports de sections et de comités, évaluera des critères d'attribution de prix spéciaux, proposera des représentants au sein du comité consultatif du Centre bibliographique des sciences de la santé, puis fera le bilan des réactions des membres quant au bulletin et la date des assemblées annuelles.

Bien sûr, il y aura aussi du magasinage au centre Eaton et les meilleurs mets indiens au Canada. Toronto est une ville si agréable pour la tenue d'une réunion - j'ai déjà hâte d'y retourner en juin!

* * * * *

THE CANADIAN DRUG APPROVAL PROCESS

- DR. IAN W.D. HENDERSON
DIRECTOR
BUREAU OF HUMAN PRESCRIPTION DRUGS
HEALTH PROTECTION BRANCH
HEALTH AND WELFARE CANADA

The Canadian Narcotic Control Act, the Canadian Food and Drugs Act and the associated Regulations control the testing and the sale of drugs under various degrees of stringency that is proportional to their potential for public misuse and their proclivity to produce a wide variety of adverse effects in users. In general terms, the Food and Drugs Act controls the manufacture and sale of drugs but not their ultimate use in patients. One class of drugs can be made exempt from all provisions of the Food and Drugs Act; these are often referred to as Emergency Drugs in that they may be urgently needed for the treatment of a Canadian patient for whom other forms of drug therapy, already available in Canada, have not been successful.

Non-Prescription Drugs

In Canada unlike the U.S.A., there are two categories of non-prescription drugs. The first of these is a heritage from the now-repealed drug class which was for many years referred to as "patent medicine". Prior to 1977, such medications or drugs were "protected" in that the manufacturer was not required to list even the active ingredients on the accompanying label. For this reason they were sometimes referred to as "secret remedies". This is no longer permitted inasmuch as all drugs whether of natural or synthetic origin that are now granted a "general public" (GP) number, and which may be sold either in pharmacies or in non-pharmacy outlets (for example, supermarkets), are fully labelled. GP drugs are considered safe and effective for a wide variety or range of minor, self-limiting illnesses that are often accompanied by a multitude of unpleasant symptoms that need some temporary relief.

The second class of non-prescription drugs in Canada is confined to sale within pharmacies. These too are fully labelled and some may be sold with an accompanying descriptive leaflet for the information of users. In some instances, the drug may not be displayed on an open pharmacy shelf, but is available only on request personally from a professional pharmacist. Some examples of pharmacy-only over-the-counter drugs (OTC's) are cough syrups containing codeine or dextromethorphan, the pain reliever acetaminophen (Tylenol, Tempra, Atasol), or certain oral mixtures of decongestants and antihistamines. Medicines sold only in pharmacies do not carry the GP designation but rather a drug identification number (DIN). It should be emphasized that jurisdiction over actual drugs within pharmacies is a provincial responsibility which is administered under the various pharmacy acts across the country.

A manufacturer of a drug that may be suitable for non-prescription status usually starts by writing a short letter to the Health Protection Branch asking for a "status decision". This is provided after a short delay during which officials check the nature of the proposed ingredients and compare the new product against similar items already on sale in Canada. Naturally, very similar products are treated in a nearly identical manner. If further scientific information is needed concerning any aspect of the manufacturing process or the safety of any ingredient, the manufacturer is asked to supply this before a final decision is reached within the Health Protection Branch. One of the important aspects of over-the-counter or non-prescription drug clearance is provision of adequate labelling for the consumer. Full safety (toxicology) and efficacy data are rarely required for GP's and pharmacy-only (DIN) drugs but these can legally be requested if there is a specific need for them.

Prescription Drugs

The next level of drug control relates to prescriptions which must be issued by a medical or dental practitioner before certain classes of drugs may be sold (dispensed) by a pharmacist. The following criteria are generally used to determine whether or not a drug needs be included in the prescription drug category.

Drugs are listed in the comprehensive Schedule F (Prescription Drugs) with or without "exemptions" if:

a) their safe and effective use requires individualized professional instructions or direct practitioner supervision;
b) there is only a narrow margin between the therapeutic and the toxic dosage;
c) they possess an accepted potential to cause, or have been known to cause worrisome alarming or severe side effects, or adverse reactions;
d) they are known to induce toxicity in experimental animals, and have not been in clinical use for a sufficient period of time to establish the pattern or the frequency of long-term toxic effects in humans;
e) they are drugs that are indicated for disease states or disorders easily misdiagnosed by the (lay) public. Corollary: OTC drugs should be suitable for self-treatment of disease states or disorders which can be easily and accurately self-diagnosed by lay persons;
f) they are drugs that have contributed, or are likely to contribute, to the development of resistant strains of micro-organisms in human subjects;
g) they are drugs for which unsupervised distribution has engendered, or is likely to engender, harmful non-medical use;
h) the therapeutic benefits of the drug occur as a result of a pharmacological effect that adversely affects a number of bodily functions that need monitoring during this period of administration.

For drugs that are considered safe and effective when supervised by a physician but which, at the same time, have a relatively low potential for misuse or abuse, the order for the supply may be either written on paper (a prescription) or phoned in to the pharmacy by the practitioner. Such prescriptions are often marked "repeat X number of times" or a repeat can again be phoned to the pharmacy on behalf of the patient. Examples of prescription-only drugs include antibiotics, oral contraceptives, anti-arthritics (anti-inflammatories) or steroids (cortisonelike creams). It must be realized, however, that the borderline between OTC and prescription drugs is sometimes fuzzy in that low doses of some drugs are quite safe and may be sufficiently effective to ameliorate minor illnesses, whereas high doses of the same drug that are needed for more serious levels or types of illnesses may have to be prescription controlled. A typical example of this is codeine which in small doses (8 mg or less per dose) may be sold in Canada without a prescription but in higher doses needs a prescription. Likewise, there is considerable public and industrial pressure for non-prescription status for ½% hydrocortisone cream although strengths above this will remain on prescription.

The Drug Regulatory Process for a Prescription Drug

The manufacturer who wants to market a new prescription drug is of two types. The first is a research-oriented manufacturer usually part of a multinational company, who wants to introduce a new therapeutic entity to the Canadian market for say, high blood pressure or arthritis or glaucoma. The company will already have carried out a number of controlled clinical trials involving a few hundred to a few thousand patients, before requesting from the Health Protection Branch a "Notice of Compliance" which is the Canadian form of a marketing licence. The scientific data covering the many years of research already completed may well comprise hundreds of volumes (each over 6 cms thick) all of which have to be carefully evaluated by the professional staff of the Bureau of

Human Prescription Drugs. A similar procedure occurs in the Bureau of Biologics for certain drugs such as vaccines which are derived from animal sources, and of course, in the Bureau of Veterinary Medicine for drugs destined to be used only in animals.

The second type of Canadian manufacturer is "generic" in nature. Under a special provision of Canadian law a drug manufacturer can apply to the Department of Consumer and Corporate Affairs for a "compulsory licence" that in effect exempts him from needing the patent protection that covers new inventions or discoveries. With a compulsory licence the generic manufacturer can import already manufactured bulk drug and sell it in finished form usually at a price below that of the originator. For this privilege the generic manufacturer pays a 4% royalty to the patent holder. Under provincial laws governing pharmacy, provinces may authorise pharmacists to substitute the less expensive generic drugs for the originators products. The testing required for a generic "copy" drug is very much less than that required for the original product.

An important aspect of prescription drug clearance is compilation of a Product Monograph. This is a scientific document, devoid of all advertising claims, which the manufacturer must make available to health professionals on request. The Canadian Product Monograph system for new drugs is probably the most highly developed in the world. The Canadian document is not uncommonly used by manufacturers as the basic text that is later translated into different languages as the drug is exported overseas and is used by the World Health Organization as a basic text that is provided to the developing world on request.

Controlled Drugs

Within the Food and Drugs Act there is a schedule of drugs (Schedule G) for which there is considerable potential for misuse or even abuse. Examples of such drugs include the various forms of amphetamines (speed) and a wide family of sedatives and sleeping pills such as the barbiturates. Special controls over this class mean very careful record keeping by the pharmacist and files that are maintained by the Federal Government. These 'controlled' drugs can be ordered by means of a medical prescription only for patients under direct medical supervision and what is more, the patients must be suffering from a disease for which these drugs are medically indicated. Certain of the amphetamine drugs which are deemed to be especially dangerous are indicated for a very small number of human diseases.

If a physician orders the drugs outside that list, he may be questioned by the Bureau of Dangerous Drugs that possesses a record of every prescription written by Canadian physicians on each one of these scheduled drug products. Under these circumstances a physician may have to provide the medical record of the patient for whom the Schedule G drug was prescribed, justifying its use. If it is decided that a physician is misusing these drugs which have a potential for misuse and addiction, the physician's right to prescribe them can be removed for either a short period of time or on a permanent basis. Such a step is taken on a number of physicians each year after full consultations have been carried out with the provincial Colleges of Physicians and Surgeons (in Quebec, La Corporation Professionelle).

Narcotic Drugs

Narcotic drugs are a law unto themselves. The controls over the physician are very similar to those that are imposed for controlled drugs, but there are certain specific provisions that have been developed in order to prevent as far as possible any misuse, abuse, or diversion to non-medical use. Unlike ordinary prescription drugs that can be phoned in from physician to pharmacist, narcotic drugs require a written prescription for each supply. There is one exemption to this rule to cover commonly used drug mixtures that have a narcotic component, but from which the narcotic cannot readily be removed for the purpose of misuse. Orders for these can be phoned in to the pharmacist. An example

of such exemption of narcotic preparations is a number of cough mixtures that contain codeine or codeine derivatives that are needed for severe coughs, or certain pain relieving analgesics needed to control severe discomfort or pain. Narcotic prescriptions cannot be marked "repeat" so that patients must receive a new prescription before further supplies are made available.

Pharmacists must keep very strict records of all narcotic doses dispensed and even in hospitals the ward nurses must keep a record on every shift of the number of narcotic doses on hand. A physician can have a small supply of narcotic drugs in his emergency bag, or in his office for emergency purposes, and he may provide small amounts (not more than three days supply) from this to a patient who is unable to obtain the drug readily from a pharmacy. Records are kept by the Federal Government of all narcotic prescribing by physicians or dentists and these are reviewed on a regular basis in order to detect any possible misuse, overprescribing or possible diversion from doctor's offices to "the street". One source of worry is narcotic prescriptions that are forged by drug addicts. It is for this reason that doctors are repeatedly warned to keep prescription pads out of reach of office patients, and hospital clinics are instructed to keep prescription pads away from points of public access. It is, of course, a serious offence to forge a prescription and it is illegal for anyone (other than a licenced practitioner) to have a supply of narcotic drugs in his possession unless they have been legally prescribed for him. This is in contrast to other forms of prescription drugs, including the controlled drugs of Schedule G, for which there is no possessional offence.

The Narcotic Control Act and Regulations specifically stipulate that a physician can prescribe a narcotic drug to a patient only if that patient is under his direct medical supervision and the patient is (in fact) suffering from a disease for which a narcotic drug is required. Any deviation from these conditions are questioned, and the right to prescribe narcotics may be removed from a physician or dentist if there is evidence that misuse is occurring.

From the manufacturer's point of view, the right to import, manufacture or sell narcotic drugs is very carefully regulated through the Bureau of Dangerous Drugs of the Health Protection Branch which issues specific licences to specific companies, whose records are kept under extremely close scrutiny. Canada provides its narcotic transaction records to the United Nations on a yearly basis. The narcotic control measures in use in Canada are very adequate, although there is still some diversion from medical to non-medical use and unfortunately, break-ins of pharmacies by persons looking for narcotics are still all-too-common. As the quality of narcotics obtained from non-medical sources (the Middle East or South East Asia) decreases because of active police intervention, some addicted persons find it more profitable to steal supplies from legal sources such as hospitals and community pharmacies rather than cope daily with the vagaries and unreliability of an illegal drug "pusher".

Methadone, a long-acting narcotic drug is made available for the treatment of heroin addicts. This special narcotic is specially controlled by requiring that Canadian physicians prescribing it must be authorized to do so by the Minister of National Health and Welfare. About 300 Canadian physicians are so authorized.

Emergency Drugs

As mentioned in the beginning of this outline, one class of drugs is exempted from all these various controls. This provision is covered in a special regulation which permits Canadian physicians to request from the Health Protection Branch a special supply of a drug that is not available through commercial outlets. It may be a drug about which physicians overseas have published a paper, or it may be a drug that is apparently succeeding in clinical trials somewhere in the world. If a Canadian is not responding to presently available drugs and seems to his physician to be a candidate for the non-available drug, special permission can be given to the manufacturer in Canada or overseas

to sell a quantity of that drug to treat the patient. Because many of these diagnoses are life-threatening, this program is carried out mainly by telephone or telex. In general an emergency drug is made available to the requesting physician anywhere in Canada within a period of 24 hours. The service is open 24 hours a day, seven days a week. At times this has meant special midnight phone calls to a European manufacturer and special delivery of the drug in question through the co-operation of the pilots of various airlines that fly to Canada. About 4000 of these requests reach the Health Protection Branch each year and undoubtedly many lives are saved because of this compassionate exemption in Canadian drug laws.

Canada is widely recognized as having one of the highest standards of drug control in the world. The number of instances of problems associated with failure of drug controls has consequently been minimal since the establishment of the present system in 1963. There is no intention of spoiling this record!

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5TH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP

THEME: MEDICAL LIBRARY--ONE WORLD RESOURCES, COOPERATION, SERVICES

Information about Responses to Call for Papers

According to the report from Mrs. B. Ruff, Chairman of the International Program Committee (IPC), 140 papers had been received from thirty-four countries by the end of August 1983.

The deadline for abstracts is March 31, 1984. The form of abstracts with instructions will be distributed soon. Presentators are expected to prepare abstracts in time for the deadline. The deadline for full papers will be given soon.

Continuing Education Program

A pre-congress continuing education program will be held by the US Medical Library Association (MLA). At the present stage, it is not definite whether the CE program will be for one or two days. The following themes are planned:

1. Basic management of health science libraries
2. MEDLINE, MeSH, etc.
3. Information resources (chemistry, mental health, pharmaceuticals, etc.)
4. Online search strategy

Technical service areas will also be considered.

Post-congress Tour

The IOC plans a post-congress tour of Chinese libraries (medical and scientific). The JOC also plans to arrange a post-congress tour of Japan.

Co-sponsorship of the 5th ICML

The IOC expects that co-sponsors for the congress will be the IFLA, WHO and MLA.

LE PROCESSUS D'APPROBATION DES MÉDICAMENTS AU CANADA

- Dr. IAN W. D. HENDERSON
Directeur
Bureau des médicaments prescrits pour usage humain
Direction des drogues
Direction générale de la protection de la santé
Santé et Bien-être social Canada

La Loi canadienne sur les stupéfiants, la Loi canadienne des aliments et drogues et leurs règlements d'application permettent de contrôler la mise à l'épreuve et la vente des médicaments, avec une rigueur qui est proportionnelle à leurs possibilités de mésusage par le grand public et à leur "propension" à susciter chez l'utilisateur toute une gamme d'effets indésirables. De façon générale, la Loi des aliments et drogues permet de contrôler la fabrication et la vente des médicaments, mais non leur utilisation ultime chez les malades. Une catégorie de médicaments peut échapper à toutes les dispositions de cette loi: il s'agit des médicaments dits d'urgence, leur utilisation pouvant être requise sur l'heure pour le traitement d'un malade résistant à toute autre forme de pharmacothérapie, au demeurant offertes au Canada.

Médicaments vendus sans ordonnance

Le Canada, à la différence des Etats-Unis, compte deux catégories de médicaments vendus sans ordonnance. La première est l'héritage d'une catégorie maintenant abrogée, qu'il a été convenu d'appeler pendant de nombreuses années la catégorie des "médicaments brevetés". Avant 1977, ces médicaments étaient "protégés", c'est-à-dire que le fabricant n'était pas même tenu d'indiquer sur l'étiquette la liste de leurs principes actifs. Pour cette raison, ils étaient quelquefois appelés "remèdes secrets". Cette situation n'est plus permise, attendu que tous les médicaments d'origine naturelle ou synthétique à qui on attribue un numéro GP (grand public), et qui peuvent être vendus soit en pharmacie soit dans des établissements non pharmaceutiques (par exemple, des supermarchés), portent une étiquette donnant tous les renseignements nécessaires. Les médicaments GP sont considérés sans danger et efficaces pour toute une gamme de troubles mineurs, souvent accompagnés de divers symptômes désagréables exigeant un soulagement temporaire.

La deuxième catégorie de médicaments vendus sans ordonnance au Canada est confinée à la vente en pharmacie. Ces médicaments doivent eux aussi obéir aux exigences d'étiquetage, et certains peuvent être vendus avec une notice d'accompagnement pour l'information des usagers. Dans certains cas, le médicament ne peut être exposé en étalage, mais on peut l'obtenir sur demande auprès du pharmacien. Comme exemple de ces médicaments, signalons les sirops contre la toux renfermant de la codéine ou de la dextrométhorphane, l'analgésique acétaminophène (Tylenol, Tempra, Atasol) ou certaines mixtures orales de produits décongestifs ou antihistaminiques. Les médicaments vendus uniquement en pharmacie ne portent pas de désignation GP mais une identification numérique (numéro DIN). Il faudrait souligner que les diverses modalités de vente de ces médicaments relèvent de la compétence des provinces, en vertu des diverses lois de pharmacie en vigueur à travers le pays.

Le fabricant qui met au point un médicament qui pourrait être vendu sans ordonnance doit habituellement commencer par écrire une courte lettre à la Direction générale de la protection de la santé afin de lui demander une décision sur la catégorie du médicament. Cette décision est rendue après une brève période au cours de laquelle les responsables de la Direction générale vérifient la nature des ingrédients proposés et comparent le nouveau produit à d'autres articles semblables déjà en vente au Canada. Bien entendu, les produits qui offrent de très grandes similitudes font l'objet d'un traitement presque identique. Si la Direction générale a besoin d'autres données scientifiques sur un aspect quelconque du processus de fabrication ou sur l'innocuité de l'un ou l'autre ingrédient, elle demande alors au fabricant de les lui fournir avant de prendre une décision finale.

Un étiquetage suffisant à l'intention des consommateurs est l'un des aspects importants liés au processus d'autorisation des médicaments en vente libre ou vendus sans ordonnance. Les médicaments grand public et ceux confinés à la vente en pharmacie requièrent rarement l'indication sur l'étiquette de données sur leur toxicologie et leur efficacité, mais si de tels renseignements se révélaient nécessaires, la loi autorise à exiger ce genre d'indications.

Médicaments vendus sur ordonnance

Le deuxième palier de réglementation des médicaments exige qu'une ordonnance soit délivrée par un médecin ou un dentiste pour que certaines catégories de médicaments puissent être vendues (ou dispensées) par un pharmacien. Les critères ci-après permettent généralement d'établir si tel ou tel médicament doit faire l'objet d'une ordonnance.

Les médicaments sont donc incorporés au tableau F général (médicaments vendus sur ordonnance), avec ou sans exemptions, si les conditions suivantes se réalisent:

a) pour être sûr et efficace, le médicament doit être pris sous les conseils individualisés d'un professionnel ou sous la supervision directe d'un praticien;
b) la fenêtre de sécurité est étroite entre la dose thérapeutique et la dose toxique du médicament;
c) le médicament a le pouvoir (accepté) de causer ou a la réputation de causer des effets secondaires alarmants ou graves, ou des réactions indésirables;
d) le médicament est connu pour induire un état toxique chez les animaux d'expérimentation et son emploi clinique est encore trop récent pour permettre d'établir le profil ou la fréquence des effets toxiques à long terme chez l'homme;
e) le médicament est indiqué pour des états ou des troubles pathologiques dont le diagnostic peut facilement confondre le profane. Corollaire: Les médicaments en vente libre devraient convenir pour l'auto-traitement des affections et des troubles que le profane peut facilement diagnostiquer lui-même;
f) le médicament a contribué ou est susceptible de contribuer au développement de souches résistantes de micro-organismes chez des sujets humains;
g) il s'agit d'un médicament dont la distribution non surveillée a engendré ou est susceptible d'engendrer des usages non médicaux nuisibles;
h) les avantages thérapeutiques du médicament résultent d'un effet pharmacologique qui modifie de façon indésirable plusieurs fonctions de l'organisme qui doivent être mises sous surveillance pendant la période d'administration.

Pour ce qui est des médicaments que l'on estime sûrs et efficaces sous surveillance médicale mais qui, en même temps, présentent quelques possibilités d'utilisation abusive ou d'usage à des fins non médicales, le médecin traitant peut les prescrire au moyen d'une ordonnance écrite ou par communication téléphonique avec le pharmacien. Pour indiquer un renouvellement, le médecin peut inscrire une mention à cet effet sur l'ordonnance écrite ou téléphoner de nouveau au pharmacien. Parmi les médicaments que l'on ne peut obtenir que contre ordonnance, mentionnons les antibiotiques, les contraceptifs oraux, les anti-arthritiques (anti-inflammatoires) ou les stéroïdes (crèmes cortisoïdes). Il faut comprendre, toutefois, que la démarcation entre les médicaments en vente libre et ceux vendus contre ordonnance n'est pas toujours nette. En effet, certains médicaments pris à doses faibles sont tout à fait sûrs et peuvent être assez efficaces pour faire disparaître certains troubles mineurs, tandis que des doses élevées du même médicament, nécessaires pour venir à bout de maladies plus sérieuses, pourraient devoir être soumises à ordonnance. Un exemple typique de cette situation est représentée par la codéïne qui, à faibles concentrations (8 mg par dose) peut être vendue librement au Canada, mais qui, à doses plus élevées, doit faire l'objet d'une ordonnance. Dans le même ordre d'idées, le public et l'industrie exercent des pressions considérables pour que les crèmes à base d'hydrocortisone ½% soient vendues librement, encore que les crèmes à concentrations supérieures ne le seront pas.

Processus de réglementation des médicaments vendus sur ordonnance

Les médicaments de prescription ou médicaments vendus sur ordonnance sont mis sur le marché par deux types de fabricants. Le premier est un fabricant axé sur la recherche, faisant habituellement partie d'une multinationale, et désireux de lancer sur le marché canadien une nouvelle entité thérapeutique dirigée, par exemple, contre l'hypertension artérielle, l'arthrite ou le glaucome. Il aura déjà effectué les travaux de chimie initiaux, soit au Canada soit à l'étranger, aura testé son produit sur plusieurs centaines, voire plusieurs milliers d'animaux, et aura mené à terme plusieurs essais cliniques contrôlés sur quelques centaines à quelques milliers de malades avant de s'adresser à la Direction générale de la protection de la santé pour obtenir un "avis de conformité", c'est-à-dire l'équivalent, au Canada, d'une licence de commercialisation. Les données scientifiques accumulées au cours des nombreuses années de recherche peuvent fort bien remplir plusieurs centaines de volumes (de plus de 6 cm d'épaisseur chacun) qui tous doivent être évalués avec soin par des spécialistes du Bureau des médicaments precrits pour usage humain. On applique, au Bureau des produits biologiques, une procédure analogue à l'égard de certains produits comme les vaccins, qui proviennent de sources animales, et, bien sûr, au Bureau de médecine vétérinaire, à l'égard des médicaments destinés uniquement à être administrés aux animaux.

Le deuxième type de fabricant se spécialise dans le secteur des produits dits "génériques". En vertu d'une disposition particulière de la loi canadienne, un fabricant de produits pharmaceutiques peut s'addresser au ministère de la Consommation et des Corporations afin de bénéficier d'une "licence obligatoire", c'est à-dire de l'autorisation d'exploiter un brevet d'invention. Le fabricant de produits génériques qui détient une licence obligatoire peut importer de grandes quantités d'un médicament breveté et le vendre sous forme de produit fini, habituellement à un prix inférieur à celui du produit original. Pour ce privilège, il paie des redevances de 4 p. 100 au détenteur du brevet. En vertu des lois provinciales régissant la pharmacie, les pharmaciens peuvent être autorisés à substituer au produit original le produit générique le moins cher. Ajoutons que les essais prévus pour la "copie" générique d'une invention pharmaceutique sont beaucoup moins nombreux que ceux exigés pour l'original.

La compilation d'une monographie sur le produit est un aspect important du processus d'autorisation des médicaments de prescription. La monographie est un document scientifique, dénué de toute réclame publicitaire, que le fabricant doit mettre sur demande à la disposition des spécialistes de la santé. Le système canadien de monographies prévu pour les médicaments nouveaux est probablement le plus perfectionné au monde. En effet, la monographie élaborée au Canada est assez fréquemment utilisée par les fabricants comme texte de départ, traduit ultérieurement en plusieurs langues au fur et à mesure de l'exportation du médicament outre-mer, et l'Organisation mondiale de la santé la fait parvenir sur demande aux pays en voie de développement.

Médicaments contrôlés

Au tableau G de la Loi des aliments et drogues figurent divers médicaments à l'égard desquels le risque de mésusage ou d'usage abusif est considérable. Mentionnons notamment les diverses formes d'amphétamines et toute la panoplie des sédatifs et des somnifères comme les barbituriques. Des mesures de contrôle spéciales sont appliquées dans le cas de ces médicaments, par le biais de registres soigneusement tenus par le pharmacien et de dossiers conservés dans les classeurs du gouvernement fédéral. Ces médicament dits "contrôlés" ne peuvent être prescrits qu'aux malades placés sous surveillance médicale directe et, par surcroît, atteints d'une maladie pour laquelle ces médicaments sont médicalement indiqués. Certains médicaments amphétaminiques jugés particulièrement dangereux ne sont indiqués que pour un très petit groupe de maladies humaines. Si le médecin prescrit l'un de ces médicaments pour une maladie qui ne fait pas partie de ce groupe, le Bureau des drogues dangereuses, qui possède un registre de toutes les ordonnances faites par les médecins canadiens concernant chacun des médicaments du tableau, peut communiquer avec le médecin pour obtenir des éclaircissements. Celui-ci

peut ainsi être appelé à présenter le dossier médical du malade à qui il a prescrit un médicament du tableau G, afin de justifier son acte. S'il est constaté que le médecin use du médicament à des fins non médicales, il peut se voir retirer le droit de prescrire, pendant une courte période ou de manière permanente. Des mesures de ce genre sont appliquées chaque année à l'égard d'un certain nombre de médecins, après consultations avec les collèges de médecins et de chirurgiens des provinces concernées (au Québec: la Corporation professionnelle).

Stupéfiants

Les stupéfiants forment une catégorie à part. Les contrôles que doit exercer le médecin à leur égard sont éminemment semblables à ceux auxquels sont assujettis les médicaments dits contrôlés, quoique des dispositions spéciales ont été élaborées afin de prévenir, dans la mesure du possible, tout mésusage, usage abusif ou détournement à des fins non médicales. A la différence des médicaments ordinaires, que le médecin peut prescrire en communiquant par téléphone avec le pharmacien, les stupéfiants doivent faire l'objet d'une ordonnance écrite pour chaque commande. Echappent à cette règle les mixtures pharmaceutiques d'usage courant dont l'un des composants est un stupéfiant, celui-ci ne pouvant toutefois être extrait sans difficulté en vue d'un usage non médical. Ces mixtures peuvent faire l'objet d'une ordonnance communiquée par téléphone. Il en est ainsi d'un certain nombre de sirops narcotiques contenant de la codéïne ou des dérivés codéïniques qui se révèlent nécessaires dans le cas de toux violentes, ou de certaines préparations analgésiques employées contre les douleurs intenses. Une ordonnance de stupéfiants ne peut être réitérée, le malade devant consulter son médecin pour en obtenir une nouvelle.

Les pharmaciens sont tenus de consigner dans des registres le nombre précis de doses de stupéfiants distribuées et, dans les hôpitaux, le nombre de doses de stupéfiants en circulation doit être soigneusement enregistré par l'infirmière de service pour chaque quart de travail. Le médecin est autorisé à conserver dans sa trousse ou à son cabinet une quantité restreinte de stupéfiants à utiliser en cas d'urgence, et il peut en dispenser une faible dose (réserve d'au plus trois jours) à un malade qui serait incapable d'en obtenir aisément d'une pharmacie. Le gouvernement fédéral tient à jour des registres de tous les stupéfiants prescrits par les médecins et les dentistes, et les soumet à des vérifications périodiques afin de déceler toute possibilité de mésusage, de surprescription ou de fuite de stupéfiants du cabinet médical vers le marché illicite. La contrefaçon d'ordonnances par des toxicomanes est une source particulière de préoccupations. C'est pour cette raison que l'on rappelle en permanence aux cabinets de médecins et aux services de consultations externes des hôpitaux de garder leurs feuillets d'ordonnances hors de portée des malades. Il va de soi que la contrefaçon d'ordonnances est une infraction grave, et qu'il est interdit à quiconque (autre qu'un praticien autorisé) d'avoir des stupéfiants en sa possession, à moins qu'ils ne lui aient été prescrits conformément à la loi. Les stupéfiants se distinguent en cela des autres médicaments vendus sur ordonnance, y compris ceux du tableau G, dont la possession n'est pas considérée comme un délit.

La Loi sur les stupéfiants et son règlement d'application stipulent expressément qu'un médecin ne peut prescrire un stupéfiant qu'à un malade placé directement sous ses soins professionnels et atteint d'une maladie nécessitant le recours à un stupéfiant. Toute dérogation est soumise à enquête, et un médecin ou un dentiste peut se voir priver de son droit de prescrire des stupéfiants si des preuves de mésusage sont mises au jour.

Pour ce qui est du fabricant, son droit d'importer, de fabriquer ou de vendre des stupéfiants est réglementé de façon étroite par le Bureau des drogues dangereuses de la Direction générale de la protection de la santé, qui accorde des autorisations précises à des firmes précises dont les registres sont rigoureusement surveillés. Le Canada communique au Nations Unies un relevé annuel de ses transactions de stupéfiants. Les mesures de réglementation mises en oeuvre au pays sont largement suffisantes, encore que

l'on observe des actes de détournement du marché licite vers le marché illicite et une fréquence trop élevée de vols par effraction dans les pharmacies, commis par des personnes à la recherche de stupéfiants. Comme la qualité des stupéfiants provenant des sources non médicales (Moyen-Orient et Sud-est asiatique) décroît du fait des interventions policières, certains toxicomanes trouvent plus avantageux de "s'approvisionner" à même les sources licites comme les hôpitaux et les pharmacies communautaires que de composer quotidiennement avec les caprices et l'instabilité d'un "revendeur" clandestin.

La méthadone, qui est un stupéfiant à action prolongée, est mise à la disposition des médecins pour le traitement des héroïnomanes. Elle fait l'objet d'un contrôle particulier qui exige que les médecins canadiens qui la prescrivent en aient reçu l'autorisation expresse du ministre de la Santé nationale et du Bien-être social. On compte actuellement environ 300 médecins ainsi autorisés.

Médicaments d'urgence

Comme on l'a mentionné au début du présent document, les médicaments d'urgence sont exemptés de l'application des divers contrôles présentés ci-dessus. Cette exemption est prévue dans un règlement spécial qui autorise les médecins canadiens à s'adresser à la Direction générale de la protection de la santé afin d'obtenir un médicament qui n'est pas offert sur le marché. Il peut s'agir d'un médicament ayant été décrit dans un article scientifique étranger ou qui obtient des succès cliniques dans le cadre d'essais effectués par des chercheurs d'un autre pays. Si le malade ne répond pas à la pharmacothérapie prescrite par son médecin et que, de l'avis de ce dernier, il vaudrait la peine d'essayer le médicament non commercialisé, il est alors possible d'accorder au fabricant, au Canada ou à l'étranger, une permission spéciale qui l'autorise à vendre une quantité donnée du médicament pour fin de traitement. Du fait que dans bon nombre des diagnostics ainsi posés la vie du patient est en danger, les communications sont principalement réalisées par téléphone ou télex. En règle générale, le médicament peut être livré partout au Canada dans un délai de 24 heures après commande. Le service est en fonction 24 heures par jour, sept jours par semaine. Il peut être nécessaire, dans certains cas, de communiquer en pleine nuit avec un fabricant européen et d'acheminer le médicament en passant par plusieurs lignes aériennes. La Direction générale reçoit chaque année environ 4,000 demandes de médicaments d'urgence, et il est certain que cette exception à la réglementation contribue à sauver de nombreuses vies.

Le Canada est reconnu à travers le monde comme un des pays disposant des normes les plus élevées de contrôle des médicaments. C'est ainsi que, depuis la mise en place de l'actuel système en 1963, on a enregistré très peu de problèmes liés à la présence de lacunes dans la réglementation. Il serait dommage de gâcher une telle réussite.

* * * * * *

THE IOWA DRUG INFORMATION SERVICE (IDIS) AND MEDLINE: A COMPARISON OF THEIR POTENTIAL USEFULNESS IN ANSWERING SELECTED DRUG INFORMATION QUESTIONS

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Due to the proliferation of information in journals, data bases have been developed to aid in the retrieval of information to answer specific questions related to drug therapy. To date there has been little comparative work on the various data bases. Because time is of the essence and resources scarce, it is important to evaluate which data bases can provide information most efficiently. We undertook a study to compare the potential usefulness of the Iowa Drug Information Service (IDIS) and MEDLINE to answer drug information requests where literature searches were required, as we both deal with drug information questions daily.

A brief description of the two data bases follows:

Iowa Drug Information Service (IDIS)

The Iowa Drug Information Service (IDIS), a drug information tool in microfiche format, is produced and published by the College of Pharmacy, University of Iowa, Iowa City. IDIS currently indexes 156 English-language medical and pharmacy journals and is designed to answer specific questions regarding a drug or disease state. The publishers of IDIS cover those journals which they feel are more relevant to the provision of clinical drug information. Microfiche drug and disease indexes are produced by pharmacists and updated and cumulated (year-to-date) monthly. All the indexed articles are reproduced on microfiche and are retained as a permanent part of the system. Between 1000 and 1500 articles are added monthly. American Hospital Formulary Service (AHFS) terminology is used for the drug index and Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) terminology is used for the disease index. In addition to the drug and disease terms, there are 95 descriptors which may be used to give searchers additional information concerning the content of the articles. Monthly, printed updates of new drug/disease terms or changes in terms are provided. New printed drug term cross reference index and procedure manual are provided annually. For our study we searched IDIS, January 1980 through December, 1983.

MEDLINE

MEDLINE is the National Library of Medicine's online bibliographic database which, besides the more than 2700 serials covered by Index Medicus (IM), includes the special list communications, dental and nursing serials. The drug terminology found in Annotated MeSH is augmented by the MeSH Supplementary Chemical Records, 1983 (published December 1982) and the chemical dictionary in the online MeSH File which is updated monthly. Approximately 25,000 citations are added to MEDLINE each month. MEDLINE currently contains IM, 1982 to date although at the time of our study MEDLINE contained IM, January 1980 to December 1983.

Methods

Soon after beginning to log questions, it was realized that the study had to be limited to those type of questions which could be efficiently searched in IDIS (i.e.: it would be time consuming to search IDIS for drug interactions with calcium channel blockers). Therefore, the study was limited to those questions that were anticipated to be searchable using IDIS. Twelve questions were collected and searched (two of which were repeated)

over a four-month period (September to December, 1983). The number of citations retrieved from each source were counted and the requestor was asked which citations were potentially useful. "Potentially useful" was defined to be those citations which the requestor planned to consult. The percentage of useful citations acquired per question per source was calculated. The results are summarized in Table I.

Results

As expected, there is a significant difference in the total number of potentially useful citations retrieved from IDIS (20) and MEDLINE (60). The most obvious reason for the difference is probably due to the variance in the number of journals covered in each system (IDIS, 150+; MEDLINE 2700+) and consequently in the number of citations available in each system. For each question, the number of potentially useful citations as rated by the end user was compared to the number of citations obtained by the searcher. The results are similar for IDIS (28%) and MEDLINE (34%) as shown in Table I. We were surprised that the results were similar. This similarity may partly be due to the selection of journals covered by IDIS. Different results may have been obtained depending upon the questions searched, if other searchers had been involved and/or if more questions had been searched.

Discussion

We concluded that it was difficult to directly compare the usefulness of IDIS and MEDLINE in answering drug information questions. Some of the problems in comparing the two include:

1. necessity of preselecting questions to be searched
2. difference in journal coverage
3. difference in numbers of citations in systems
4. online vs. manual searching.

To aid potential users of IDIS and MEDLINE the advantages and disadvantages are listed in Table II.

IDIS is set up to be searched by end users and MEDLINE by librarians. Pharmacists or other end users using IDIS to answer drug information questions may be satisfied by finding one reference which answers a specific question. On the other hand, librarians may not be sure which is the one reference which will answer a question and may wish to provide their users with as many relevant references as possible.

IDIS would have been useful if it could have been accessed online with an <u>optional</u> subscription to the article file. (The journals covered by IDIS may duplicate the holdings of health sciences libraries). On-demand computer searches are available by telephone or mail and are free to subscribers. Searches are usually processed the day of receipt or the following day. A printout is sent to the requestor in one of two formats: either, bibliographical citations or complete index records. The requestor will usually have the results within 7 to 10 days, depending on the mail. The publishers of IDIS have been discussing making the computer data base directly accessible by outside users, but a number of factors must be considered including their relationship to the parent academic institution.* This service was not utilized in this study. If IDIS had been online, searching would have been quicker and the pharmacy-oriented descriptors could have been utilized. With <u>The American Hospital Formulary Service</u> and <u>Martindale: The Extra Pharmacopeia</u> becoming available online through commercial vendors, it would be advisable for the publishers of IDIS to also consider this option.

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*Personal communication with the Iowa Drug Information Service, University of Iowa, Iowa City, January 18, 1984.

At the present time we would recommend IDIS to those persons providing drug information who do not already have a good proportion of the journals covered by IDIS on hand, and/or who do not have access to MEDLINE. Furthermore, we would encourage librarians to demonstrate and promote the usefulness of MEDLINE to all persons providing drug information. Further studies in this area would be useful to help users select a data base most suitable to their needs.

Gratitude is expressed to C. Brian Tuttle, M. Sc.Phm., Assistant Director of Pharmacy, Drug Information & Education, Camp Hill Hospital, Halifax, and to Ingrid S. Sketris, Pharm.D., Assistant Professor of Pharmacy, Dalhousie University and Clinical Coordinator, Pharmacy, Victoria General Hospital, Halifax, N.S. They provided us with most of our questions and evaluated the results of our searches.

* * * * *

UNZIPPER

AVANT-PROPOS

Le but envisagé par la publication de CANHEALTH est de fournir un receuil du"contenu canadien" du travail des bibliothèques canadiennes des sciences de la santé et de tenter de situer ces bibliothèques dans le plus large contexte canadien et nord-américain CANHEALTH n'est pas un manuel de procédures et ne devrait pas être considéré comme remède universel à tous vos problèmes bibliothécaires. Cependant, on espère qu'il sera utile à ceux qui travaillent dans des bibliothèques canadiennes pour les aider à découvrir les rapprochements et les différences qui existent entre elles et vis à vis les bibliothèques des sciences de la santé aux Etats-Unis. Nous aimerions aussi répandre des renseignements qui touchent sur des ouvrages de référence, des fournisseurs et des modes de procéder particulièrement canadiens.

Cet ouvrage est basé sur le Guide to Canadian Health Science: Information Service and Sources écrit pay Phyllis Russell et publié en 1974 par la Canadian Library Association, et sur des épreuves préparatoires à une révision rédigées par Martha Stone en 1978/79. Lorsque cette série d'articles aura paru au complet, l'Association des bibliothèques de la santé du Canada envisage d'en publier une édition révisée et de les réunir dans un volume. Ceci marquera l'occasion de la première publication d'un ouvrage exprès par l'Association et doit être vu comme un effort en commun qui exige la collaboration de tous les membres. Nous encourageons nos membres de chapitres de nous faire part de leurs commentaires et des corrections à apporter, pour assurer que les renseignements fournis sont à la fois exacts et utiles. Le produit final devrait être le résultat d'un effort coopératif, alors s'il vous plaît aidez-nous.

Nous sommes dans l'obligeance de nous excuser auprès de nos collègues francophones pour la nature unilingue de cette publication. Nous avons l'intention de publier la version finale dans les deux langues. Cependant, le coût de traduction et le temps requis ne nous permettent pas de produire les chapitres préparatoires dans le deux langues.

P R E F A C E

The purpose of CANHEALTH is to provide Canadian health libraries with a source for the "Canadian content" of their work,and to attempt to show how health libraries in Canada fit into the wider Canadian and North American context. CANHEALTH is not a library manual, and it should not be seen as the panacea for all a library's problems. We hope, however, that it will help those who work in Canadian libraries to discover the many differences and similarities which exist between their own libraries and health libraries in the United States. We hope they will also become acquainted with particular Canadian reference tools, suppliers and procedures of which they were not aware.

The present work is based on the Guide to Canadian Health Science: Information Services and Sources written by Phyllis Russell and published by the Canadian Library Association in 1974, and on preliminary drafts of a revision prepared by Martha Stone in 1978/79. When this series of articles is completed the Canadian Health Libraries Association hopes to publish a revised edition in one volume. This will be the first "occasional paper" published by the Association, and it should be a joint effort shared by all membership. We urge Chapter members to take particular responsibility to send us corrections and comments, in order that the facts can be both correct and useful The final product should be the result of a cooperative effort by all of us. Please help.

We apologize to our francophone colleagues for the unilingual nature of this work as it now appears. We intend that the final version will also appear in French. The costs of translation in both time and money, however, make it impractical to produce the draft chapters in both languages.

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CANHEALTH is not finished and sections on cataloguing, space planning and budgeting and one on health library associations are in preparation. We had hoped to have some of these in this issue but personal and professional commitments made this impossible. They will appear in the next BMC.

When these sections are published we intend to revise all sections of CANHEALTH with the aim of publishing it as an Occasional Paper of the C.H.L.A.. Some members have already pointed out errors and suggested changes and we invite all members to contact us regarding errors and omissions.

We look forward to hearing from you.

David S. Crawford

Babs Flower

TABLE I. SUMMARY OF QUESTIONS RECEIVED AND SEARCHED USING IDIS AND MEDLINE

Questions	Total # Citations Retrieved		Total # Useful Citations		Percentage of Useful Citations	
	IDIS	MEDLINE	IDIS	MEDLINE	IDIS	MEDLINE
Progesterone/Respiratory Failure	4	38	4	19	100%	50%
Acetazolamide/Metabolic Alkalosis	12	5	4	5	33%	100%
Orphenadrine/Parkinson's	4	8	1	1	25%	13%
Atenolol/Tremor	6	7	1	4	17%	57%
Atenolol/Cold Extremities	1	6	1	2	100%	33%
Atenolol/Tremor	6	7	0	4	0%	57%
Atenolol/Cold Extremities	1	6	0	3	0%	50%
Norfloxacin	22	51	5	11	23%	22%
Osteoporosis/Ethanol	0	4	0	0	0%	0%
Methysergide/Retroperitoneal Fibrosis	9	4	3	1	33%	25%
Cyclosporin A/Diabetes	5	22	0	0	0%	0%
Intractable Hiccups	1	16	1	10	100%	62%
TOTAL	71	174	20	60	28%	34%

TABLE II. IDIS AND MEDLINE:

ADVANTAGES AND DISADVANTAGES

Source	Advantages	Disadvantages
MEDLINE	2700+ journals indexed	Pharmacy-oriented terminology weak
	More citations retrieved (approximately 25,000 added monthly)	Necessary to retrieve articles from other sources
	Less time required to perform searches	Hardware is required
	Foreign-language journals covered	Courses and updating necessary for optimum use
	No subscription fee (pay as you use)	Limited access time
	More drug terms	Intended to be used by librarians instead of end users
IDIS	Better coverage of pharmacy journals	Limited number of journals (156)
	Pharmacy-oriented approach (using descriptors)	Fewer citations retrieved (1000-1500 added monthly)
	Journal articles are in the file	Manual searching is required
	System accessable at anytime	Every index record has to be viewed
	User friendly with procedure manual	Annual subscription fee
	Intended to be used by end users	Microfiche-reader required
	Cumulated bibliographies provided (1966 to date) on selected drugs	Storage required for microfiche
	Elusive materials (ie: institutional drug bulletins) are covered	Manual updating and upkeeping
		English-language only

CLINICAL LIBRARIANSHIP: THE EVOLUTION OF A NEW ROLE

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In earlier issues of BMC (1979;1(1) :13-15) and its predecessor CHLA/ABSC Newsletter (1977 Winter; No. 4:22), articles about clinical librarianship and bibliographies were published. Over the years, I have continued to have requests for copies of these bibliographies from around the world and, because of my continuing interest in the field, I have tried to continue my bibliographic efforts. The most recent update of the clinical librarian bibliography follows and in reviewing the literary activity in the field over the past few years, I think that some comments are in order.

The earliest articles on clinical librarianship were written in 1972 and a steady increase in numbers can be noted through to 1978/79 when a peak of 20 publications annually was reached. Since that time there has been a steady but considerably lower publication rate, although many of the articles have reported on much more sophisticated evaluations of the programs. It is also interesting to note that a number of articles are appearing on topics such as the role of the librarian in a drug information service and in other clinically related activities, although these roles are not necessarily referred to as "clinical librarian" positions. The principles behind clinical librarianship--of concentrating on user needs in the settings in which they occur--seem to be actively pursued in a number of areas. The information centre concept such as the one being developed by Catherine Ferguson at the Saskatchewan Institute for the Prevention of Handicaps is also one that has some of the same philosophical roots as clinical librarianship. It seems that clinical librarianship is going through a maturation process in which many of its ideas and concepts are being integrated into the mainstream of health sciences librarianship. We don't find it necessary to use a special label all of the time anymore, but librarians seem to be developing a number of approaches and services with the flexible, user-oriented characteristics that clinical librarianship legitimized. It seems much less strange today to see librarians actively involved in all sorts of activities in the institutions they serve, than it was some years ago when we saw our role as being almost exclusively in the library.

Certainly the economic factors have affected the ability of hospitals and academic centres to support full-time clinical librarian programs in both Canada and the U.S. Although a number of full-time, permanent programs remain in the U.S., the idea of the part-time clinical librarian is much more common now. If clinical librarianship has simply made it easier for the hospital librarian to get to know his or her clientele better by going on rounds periodically and by legitimizing such activity, then it has, to my mind at least, accomplished much of its original purpose. Health sciences libraries and librarians have too much to offer in patient care settings to hide their light under a bushel. Today I think that we all feel more confident about letting that light shine.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI

- MARILYN SCHAFER
  Head, HSRC

I. <u>High Tech in Health Libraries</u>

The call for information on terminal usage and microcomputer usage which appeared in the v. 5 no.1 1983 of this publication received very little response. If you are using a microcomputer, in particular, for any application at all in your library, please let us know. We'd like to hear from you.

Health Sciences Resource Centre
Canada Institute for Scientific and Technical Information
National Research Council
Ottawa, Ontario K1A 0S2
613-993-1604
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II. <u>MEDLARS Introductory Courses</u>

March 14 - 16	(Fr.)	CISTI	
April 9 - 11	(Eng.)	CISTI	
May 30 - June 2	(Eng.)	Toronto	(Tentative)
(people from outside Ottawa-Montreal-Toronto triangle will be given priority)			
August 15 - 17	(Eng.)	CISTI	
September 26 - 28	(Eng.)	CISTI	

III Good News

Dianne Kharouba and Suzanne Maranda will both be on maternity leave during the period from mid-April to late September. I am sure that you will join with me in wishing them both the very best.

* * * * * *

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, ICIST

- MARILYN SCHAFER
Chef, CBSS

I. Nous avons reçu très peu de réponses à notre demande d'Information sur l'utilisation des terminaux et/ou micro-ordinateurs dans les bibliothèques de la santé au Canada, paru dans le numéro 1, volume 5 de cette publication. Si vous utilisez, en particulier, un microordinateur, pour quelque application que ce soit dans votre bibliothèque, veuillez nous le faire savoir. Nous attendons de vos nouvelles!

Centre bibliographique des sciences de la santé
L'Institut Canadien pour l'information scientifique et technique
Conseil national de Recherche
Ottawa, Ontario K1A 0S2
(613) 993-1604
CISTI.HSRC

II. Cours d'introduction MEDLARS

14 - 16 mars	(français)	ICIST
9 - 11 avril	(anglais)	ICIST
30 mai - 2 juin	(anglais	Toronto (provisoire)
(nous donnerons la priorité à ceux qui vivent en dehors du triangle Ottawa-Montréal-Toronto)		
15 - 17 août	(anglais)	ICIST
26 - 28 septembre	(anglais)	ICIST

III. Bonne nouvelles

Dianne Kharouba et Suzanne Maranda seront toutes les deux en congé de maternité de la mi-avril à la fin septembre. Nos meilleurs voeux les accompagnent.

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WHO TRAVEL FELLOWSHIPS: A REPORT

- KATHY EAGLETON
DIRECTOR OF LIBRARY SERVICES
BRANDON, MANITOBA

Several moons ago, an advertisement in a Canadian health care journal caught my eye, I carefully stashed away the information in the back of my head, since at that time I had no justification for acting upon it. Several moons later, and now two years ago, I dug out the information and put it to work.

The advertisement had been for WHO Travel Fellowships and had been placed by the Intergovernmental and International Affairs Department of Health and Welfare Canada, who act as the Canadian intermediary. It is apparent that very few people in the health field are aware of these opportunities and this article will hopefully serve as an introduction.

One of the ways in which WHO endeavours to achieve its aims is through the Fellowship programme, which provides opportunities for:

- training and study in health matters which are not available in the candidate's own country;
- the international exchange of scientific knowledge and techniques relating to health.

The Canadian government puts certain of its own stipulations on applicants, in addition to the broad parameters stated above.

My interest was the study of regional library services in the health field, since I had an agreement in principle from my own administration to explore the possibility of setting up a regional library service out of Brandon General Hospital, to serve the many small, rural hospitals which surround us. The principle had been adopted some years earlier when a regional pharmacy service had been established.

It was apparent that very little formal work had been done in this field in Canada, and what was extant was basically limited to an urban setting. I therefore had a justifiable reason for travelling to a country which had had some experience in this area. My choice could have been the U.S., but I was reluctant to use this as a field of study due to the very different philosophical and funding patterns of health care there. I therefore decided on the United Kingdom, where regional library services per se had been in operation for many decades, and in the health library field were being developed in several NHS Regions, following the early lead of Northern Ireland. In addition, the National Health Service provides as close a health care system to our own as can be found.

My application specified the Regions which I wished to visit, I did as extensive reading as was possible to establish the population patterns and number of medical schools in the various Regions, as well as the then state of development of regional health library services. Some of this information was skimpy, some amply represented, and generally reflected the state of the art of a Region.

I suggested various contacts in the health library field and in fact set up my own itinerary. When the (very) slow process of approval was complete, I was scheduled to visit all the Regions which I had specified and in addition, some areas and libraries which the U.K. personnel had recommended be added. All additions to the itinerary proved useful. I had asked for a six week study tour and that is what was approved. All arrangements were made by the Washington office of WHO, through their European office in Copenhagen, who in turn dealt with the U.K. Department of Health and Social Services and that wonderful invention, the British Council.

I perhaps had something of an advantage in approaching the task in that I had "grown up" in the British library system and knew the general patterns. However, I had no experience in the health library field. The welcome was typically "British" for one coming from the Commonwealth, and I was greeted everywhere with generosity and a willingness to share whatever information and experience was available. Whilst the provision of health care was in many ways similar to the Canadian experience, the vast difference in population and geographical size made direct comparisons difficult, but possible.

In choosing my Regions, I looked for those with well-developed or under-developed services, and those with only one medical school acting as the focus for library services. I tried to find those with as rural a population as possible; this was very nearly impossible in Canadian terms. In this, I attempted to set up parallels with the S.W. region of Manitoba. The Regions which I visited did provide a surprising divergence of library development. Each appeared to have developed according to historical events and the strengths and direction brought by personnel both within and without the library sphere.

What has been the outcome?

The required report will shortly and very belatedly be finished. I have been able to share my experiences with several groups, adapting my talk to their particular interests. My six weeks covered some of the most eventful weeks in recent British history - the Falklands War, the first visit of a Roman Pontiff to Rome's breakaway State, England's play in the world soccer finals with the prospect of having to meet Argentina (it didn't happen), and one of the lengthiest slow downs in the health care field, in protest of the Government's wage offer. I was able not only to learn much about the health library services, but also about the workings of the National Health Service and the changes it is undergoing. This provides a perspective on the Canadian scene which is most valuable.

And what of the primary objective?

We are in the process of offering a beginning service in audiovisual software to hospitals in the Westman Region. This is a service which we have been supplying under special arrangements to two hospitals for the past two years.

This will be followed by a needs survey and consultation with other agencies which presently provide service to some sectors of the health community. It looks as though, should a regional service develop, it will evolve very much as in the British tradition, i.e., following local historical patterns and developing around the strengths and direction of personnel involved.

Readers who are interested in investigating the possibilities of a WHO Travel Fellowship should contact the appropriate department of Health and Welfare Canada, and enquire as to present status of the programme....

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BIBLIOTHÈQUES...SANS USAGERS:
COMMENTAIRES APPORTÉES LORS DE LA PRESENTATION FAITE PAR LA SECTION SANTÉ LE 28 OCTOBRE DERNIER

- MARYSE BOYER

En 1983, l'ASTED (Association pour l'avancement des sciences et techniques de la documentation) fêtait ses dix ans et le thème du congrès annuel était "Au-delà de l'information: la communication". Ainsi donc, les congressistes réunis du 27 au 30 octobre à l'Hôtel Mont-Royal ont pu s'enrichir en participant à divers ateliers traitant tantôt des nouvelles technologies, tantôt des relations publiques dans les bibliothèques, tout cela dans le but de favoriser un meilleur service à l'usager.

En 1982/83 les membres du Bureau de la Section Santé étaient: Robert Aubin, Maryse Boyer, Louise Deschamps, Johanne Hopper, Camil Lemire.

La Section Santé a tenue ses activités le 28 octobre, soit un atelier et l'assemblée générale annuelle. L'atelier s'intitulait "Bibliothèques...sans usagers" et l'objectif visé était d'évaluer les moyens susceptibles d'augmenter la fréquentation et l'utilisation des ressources de la bibliothèque ou du centre de documentation. L'atelier se divisait en deux parties. En guise d'introduction au thème des membres du bureau de la Section, ont démontré de façon humoristique, différentes attitudes prises par le personnel d'une bibliothèque face à la clientèle. Nous nous sommes inspiré pour ce faire, d'un texte écrit par Barbara Greeniaus, publié dans Bibliotheca Medica Canadiana et intitulé "Librarian health professional interface".[1] Cette première partie à but "déclencheur" fut suivie d'un regroupement des participants en cinq équipes, en vue de discuter sur le thème. Les discussions furent très animées, chacun y apportant son expérience et c'est le résumé des ces échanges que nous voulons vous présenter.

Il est très important de bien démontrer notre rôle à titre de "pourvoyeur" de services auprès de la clientèle. Voici comment y arriver:

1. Attitude

- accueillir l'usager de façon à ce qu'il vous sente ouvert, disponible, à l'écoute; conserver cette attitude avec tous les usagers sans discrimination; sensibiliser les membres de votre personnel, s'il y a lieu

- orienter, initier l'usager peu familier aux outils de recherche disponibles tels le catalogue sur fiches, les index de périodiques etc.

- être dynamique avec les individus qui forment le comité de la bibliothèque, susciter leurs suggestions, leur engagement

- impliquer l'administration en place en la tenant au courant des objectifs visés et des réalisations de la bibliothèque

- s'impliquer dans l'institution; participer à divers comités qui vous permettront de vous faire connaître. Vous serez également mieux placé pour connaître les nouvelles orientations de l'institution.

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[1] Greeniaus, Barbara, "Librarian health professional interface", Bibliotheca Medica Canadiana, 1982; 4(2): 32-36

2. Politiques

- établir des politiques écrites qui détermineront les priorités et le rôle de chacun des intervenants soit le personnel de la bibliothèque et l'usager

- définir clairement les services auxquels les usagers sont en droit de s'attendre

- signifier que la bibliothèque est un bien collectif, sensibiliser les usagers à cette optique

- être conséquent, éviter de passer outre aux politiques pour favoriser un individu ou un service au dépend d'un autre

3. Services

- faire un étude des besoins pour s'assurer de bien y répondrent; répéter cet exercise occasionnellement pour pouvoir tenir compte de l'évolution des besoins

- publiciser les services qu'on est en mesure d'offrir et éviter de créer des attentes sans être capable d'y répondrent

- profiter des divers moyens mis à sa disposition pour publiciser les services offerts et rejoindre le client chez lui: initiation à la bibliothèque, rencontre du personnel, affichage sur les babillards, chronique dans le journal publié par l'institution, diffusion de bibliographies, liste des nouveautés, tirés à part, rapports de congrès etc.

- informer le personnel de la performance de la bibliothèque en diffusant différents rapports-statistiques

- offrir des services personnalisés par exemple, diffusion d'information selon des profils d'intérêt pré-établis

- établir un équilibre en ce qui concerne l'importance de temps accordé aux services techniques et aux services publics; négliger continuellement les tâches techniques risque de provoquer une accumulation de travail et à la longue un piètre service à l'usager

- favoriser la participation des usagers et susciter leurs suggestion sur les aspects à améliorer, les documents à se procurer etc.

- evaluer ponctuellement l'efficacité des services offerts à la clientèle; cesser de fournir un service alors qu'un autre pourrait mieux répondre aux besoins. Moduler les services selon les changements d'orientation de l'institution et la clientèle

4. Localisation

- influencer le choix d'un site pour établir la bibliothèque afin que cette dernière soit le plus près possible de la clientèle potentielle

- réserver des espaces de travail et de lecture pour la clientèle

- réserver des espaces suffisants pour les différentes tâches exécutées par le personnel de la bibliothèque

- s'assurer qu'il n'y a pas aux alentours des sources potentielles de bruit; avoir un éclairage suffisant

. rendre les lieux accueillants grâce à un mobilier adéquat et comfortable

L'objectif visé par le personnel de la bibliothèque devrait être de fournir un service adéquat pour répondre aux besoins tout en considérant les ressources et moyens disponibles.

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CLA INTEREST GROUP ON LIBRARY SERVICES TO THE DISABLED

- KATHELEEN M. ELLIS
  Convenor
  Canadian Librarian Association
  Interest Group
  Library Services to the Disabled

The Canadian Library Association Interest Group on Library Services to the Disabled is interested in making contact with all libraries and librarians, resource centres and information services involved in providing services to disabled users.

TERMS OF REFERENCE:

- Acting as a forum for exchange of information pertaining to the development of library service to disabled users in Canada;
- Promoting awareness and visibility of the needs of print-handicapped users within and beyond the library profession;
- Actively involving consumers and consumer groups in provision of library and information services to disabled users.

ACTIVITIES:

- Representations to the Federal Government concerning revisions to the Copyright Act which will affect the provision of material in alternative formats such as Braille and "talking books";
- Workshops on "Library Programming" and "Computer Technology" and their respective applications to disabled users (in planning stages to be held at Canadian Library Association Conference in June 1984).

Convenor for the Interest Group is Kathy Ellis, Librarian for the Disabled Living Resource Centre (DLRC) in Vancouver. The DLRC, funded and operated by the Kinsmen Rehabilitation Foundation of B.C., provides a comprehensive information and referral service for disabled people and those associated with them with its Aids Display Centre and computerized information and retrieval capabilities and databank.

The Canadian Library Association Interest Group on Library Services to the Disabled welcomes reaction and participation from all Libraries, Resource Centres, Information Centres, etc., involved in information provision and service to disabled users.

Please direct your inquiries to:

Kathy Ellis, Convenor
CLA Interest Group for Library Services to the Disabled
c/o Disabled Living Resource Centre,
Kinsmen Rehabilitation Foundation of B.C.
2256 West 12th Avenue,
Vancouver, B.C.
V6K 2N5

Tel. (604) 736-8841 (voice)
(604) 738-0603 (TDD)
112-800-663-1555 (In-wats-B.C.)

WEARING TWO HATS - LIBRARIAN/MANAGER: REPORT ON THE UNYOC MEETING

- SUSAN M. MURRAY
Dental Library,
University of Toronto

The 19th Annual Meeting of the Upstate New York and Ontario Chapter of the Medical Library Association (UNYOC/MLA) was held at the Toronto Chelsea Inn from October 12-15, 1983. "Wearing Two Hats: Librarian/Manager" was the conference theme, exploring the dual roles of many librariana.

The four days were divided as follows:

- the National Library of Medicine Update on Wednesday, followed by a welcome reception
- speakers and exhibits on Thursday
- speakers and exhibits on Friday morning, tours of local libraries in the afternoon, and an evening introductory session on Consumer Health Education
- continuing education courses on Saturday.

There were eleven exhibitors at the meeting: Wallaceburg Binders, Login, McAinsh, 3-M, Canebsco, Readmore, University Microfilms, Faxon, Saunders, Mosby, and the Medical Library Association. Three continuing education courses were offered: CE 531 Basic Media Management - Software; CE 669 Assertiveness and Human Relations Skills; UNYOC/FLIS Consumer Health Education: a Workshop for Health Sciences and Public Librarians (jointly sponsored by the Faculty of Library & Information Science at the University of Toronto and UNYOC).

Conference speakers included a Provincial Health Assistant Deputy Minister, a management consultant, a development and training director, a hospital administrator, as well as a number of librarians drawn from a variety of situations. Although the speakers addressed management from a diversity of perspectives, several key concepts emerged:

- a good manager must set goals and priorities for short and long-term planning;
- a good manager must listen to his/her employees;
- participatory management can be the most effective management - ask the employee's help in solving problems;
- manage as <u>you</u> would like to be managed.

In his welcome to conference participants, Dr. Boyd Suttie, Assistant Deputy Minister of Public and Mental Health for Ontario, sketched an overview of the Ontario health system. He stressed the changes - legislative, technological, etc. - to come as the province tries to adjust to serving an aging population and achieve a balance between institutional and community-based services.

Dean Katherine Packer, Faculty of Library & Information Science at the University of Toronto, directed her keynote address to an exploration of her own experiences in being managed, the problems that medical librarians face, and relating the two. She did not believe that a combined MLS/MBA was the magic solution: rather, librarians should continue their own administrative education by combining continuing education with involvement in professional organizations.

"Managing your manager" was an interesting twist on the conference theme examined by Patricia Adams, President of Tri-Com Communications Limited. If image is a problem of librarians, she admonished, it is in many ways a problem of our own making. She encouraged us to go after the non-book lovers. Top priority should be educating our managers of the importance of the librarian in the organization. Librarians should: determine the power sources in the organization, sell yourself, keep a sense of humour, use judgement to handle the small issues, be loyal, and fight for recognition. It may be a painful

process, but we must climb out of our complacent ruts and prove that we are indispensable.

Robert Boyd, Director of Development & Training for Canron Incorporated, probed the complex issue of employee relations. He explored motivation factors affecting job attitudes; value programming, i.e. an understanding of people in groups in relation to the ethical standards of the era when they were "value programmed"; and significant emotional events as a tool in realizing human potential. Mr. Boyd introduced the situational leadership model, which takes into account: 1) the task or goal at hand; 2) determining the maturity level of the follower or group relevant to the task; 3) lining up the maturity level with the leadership style curve - the point where the lines meet is the most effective leadership style appropriate for that follower or group.

A panel discussion of employee relations followed Mr. Boyd's talk. Gale Moore, Book Selector in Health & Life Sciences at the University of Toronto Library, served as the panel moderator. The panelists were: June Glaser, librarian at the Basil G. Bibby Library at the Eastman Dental Center; Claire Callaghan, Director of Library Services at the Canadian Memorial Chiropractic College; Gwynneth Heaton, Head of the Science & Medicine Library at the University of Toronto; and Robert Boyd. June Glaser favoured a participatory management style, particularly in a small library where staff interaction/job enrichment can free you for more involvement in your own organization or in outside professional organizations. Claire Callaghan spoke more generally on management and listed sixteen points for being a good manager. Gwynneth Heaton enlightened us to the problems of managing a large library: job descriptions/unionization sometimes prevent providing extra responsibility to interested and capable employees. She thought that it was especially important to be open with the staff - level with them when there are crises and cutbacks. Robert Boyd reiterated the need for a manager to set a good example and to show respect for the individual. He quoted the eight attributes of excellence from In Search of Excellence by T.J. Peters and R.H. Waterman, Jr. This book about the best-run companies in North America was also cited by Patricia Adams.

On Friday, Michael Park, Assistant Administrator of Institutional Services at Women's College Hospital, spoke on the hospital library from the administrator's point of view. He suggested that the library do an annual market/user survey to see how the library was perceived in the organization. When the library provides substantial services to a particular department, perhaps send a follow-up memo and put a cost on the service. Most people in the organization, Mr. Park maintains, don't know what the library does - the library needs to reach out.

"Evaluating librarians" was discussed by Peggy Walshe, Head of the Science & Technology Division at Metropolitan Toronto Library. She found very little library literature on this topic. In the business literature, views on performance reviews show a shift from an emphasis on the supervisor to the employee having the responsibility for job performance goals. Supervising librarians need to develop their counselling and behavioural skills in order to interview potential employees and evaluate present employees.

The four day annual meeting attracted 149 participants: 47 from the United States, 5 from Montreal, and 98 from across Ontario (Sudbury, Thunder Bay, Kingston, London, Ottawa,Toronto). The major complaint was that the facilities were cramped, particularly in the exhibit/coffee area. Conference space is at a premium in Toronto for "small" groups under 200: this restricted the organizers to the Chelsea Inn or risk a last minute cancellation at one of the larger downtown hotels. The other major criticism was that speakers did not start on time and sessions ran late. An American attendee reported that she had to go to three banks to obtain a Canadian money draft and was charged a $10.00 service charge! For all of these annoyances, the organizers sincerely apologize. But there were also many positive comments: "Excellent planning by the

Ontario group." "You guys did a wonderful job. You were able to put everyone at ease and made the meetings not only informative and educational but also fun!" And a succinct "Bravo!"

* * * * * *

CHAPTER REPORTS

- HEALTH LIBRARY ASSOCIATION OF B.C.

Vancouver was the spot for the 1983 annual meeting of the Pacific Northwest Chapter/ Medical Libraries Association. The conference, held Oct. 13-15, attracted a total of 106 delegates from Alaska, Alberta, Montana, Idaho, Oregon, Washington and British Columbia. The HLABC hosted a reception at the Vancouver Public Aquarium to give attendees a special welcome to our province.

The B.C. Library Association is hoping that a new edition of Focus, a directory of B.C. library services will be available for purchase in the early spring. This publication will have new indexes which will allow the user to access information either by collection subject or by library type. Watch Feliciter for an announcement, or contact Jim Looney, Library Services Branch, L50 - 4946 Canada Way, Burnaby, B.C. V5G 4H7 for further information.

The BCHLA Newsletter has undergone a title change and is now known as the HLABC Forum. Cathy Rayment and I are sharing the editorial desk.

One of our number has had a paper published recently. Johann A. van Reenen is librarian at Royal Jubilee Hospital in Victoria. His article is: "Quality assurance: introduction to terminology and literature." van Reenen, J.A. Hospital Trustee 1983 Nov Dec;7(6):18-21.

- MANITOBA

JILL BROWN
CORRESPONDENT

Over the past months, our new Area Library Coordinator, Judy Inglis, has been busy conducting workshops. The latest, an introduction to microcomputers, was held at the Faculty of Medicine, University of Manitoba, on January 19, 1983. Conducted by both Judy and Michael Tennenhouse, MHLA President elect, it covered the basics of microcomputer operation as well as giving everyone a chance to try a selection of software packages. The good turnout for this workshop seems to indicate that the MHLA membership is concerned with new technology.

MHLA will, once again, be taking part in the Manitoba Health Organization Conference to be held on April 9th. In keeping with the MHO Conference theme of HEALTH IN THE EIGHTIES - A FUTURE PERSPECTIVE, the MHLA theme is HEALTH LIBRARIES OF THE FUTURE. Homer Warner, head of the Department of Medical Biophysics and Computing at the University of Utah School of Medicine, has been invited to discuss this topic.

'84 CONGRES DE L'ABSC

TORONTO - ALLONS - Y!

Il ne nous reste que quatre mois avant juin. Nous esperons que vous avez retenu à vôtre calendrier les jours du 3 au 6 juin en guise de séjour ici à Toronto.

Nous sommes très excités a l'idée de cette huitième recontre annuelle. Et cela pour plusieurs raisons:

1. le sujet de cette conférence - techniques de pointe-spécialement à l'égard du rapport de Matheson/Cooper.
2. Les education permanente sont aussi agencés aux besoins actuels...
   - "Quality Assurance" en Bibliothèques des Hôpitaux
   - Littérature de "Allied Health"
   - Ateliers de Micro-ordinateurs
3. La ville de Toronto sera l'hôte du festival musical du monde durant le mois de juin. Ceci est aussi la plus grande fête musicale qui a jamais eu lieu au Canada. Il y aura concerts, pièces de théâtre, ballet - à votre goût! Planifiez d'avance à fin d'assister à quelques'uns de ces grands événements. Le formulaire d'inscription vous sera envoyé dès la première semaine du mois de mars.

Parlez -en avec vos confrères et pendant que vous y êtes, prenez une vacance.

..... Esperons vous voir à Toronto au mois juin .....

'84 CHLA CONFERENCE

TORONTO . . . HERE WE COME!

June is less than four months away! We are hoping that you have already circled June 3-6 on your calendar as days to be spent here in Toronto . We are very excited about the 8th annual meeting for several reasons:

1. the theme of the conference - High Tech - is very relevant...especially with regards to the Matheson/Cooper report.
2. the C.E. courses are also geared to today's advances...
   - Quality Assurance in Hospital Libraries
   - Literature of Allied Health
   - Microcomputers Workshop
3. Toronto will be hosting the International Music Festival during the month of June. This is also the largest music festival ever to be held in Canada. Concerts, plays, ballet - take your pick! Plan to attend some of the fabulous events.

The pre-registration packets will be mailed to you by the first week in March. Start spreading the word to all your colleagues and plan a holiday around the conference. There's lots to see and do in Toronto.

..... Hope to see you in Toronto in June .....

NEW PUBLICATIONS

CANADIAN NURSES ASSOCIATION

Nursing Programs and Entrance Requirements at Canadian Universities, 1983/84. $3.00

Entrance Requirements for Diploma Schools of Nursing and Schools of Practical Nursing, 1983/84. $1.00

Continuing Education for Nurses: Short-Term Nursing Courses in Canada. Fall 1983. $4.00

Index of Canadian Nursing Research, 1982. $5.00

Index of Canadian Nursing Research, 1983 supplement. $1.00

Suggested List of Periodicals in Nursing for the Health Science Library in Canada. 1983. Free.

List of Canadian Periodicals in Nursing. 1983. Free.

Please contact:

Order Department
Publications
Canadian Nurses Association
50 The Driveway
Ottawa, Ontario
K2P 1E2.

BGH - 100: A HISTORY OF THE BRANDON GENERAL HOSPITAL, 1883-1933

This book traces the hospital's development through the decades since its incorporation, in an entertaining but factual style. It will be of interest to those associated with the hospital in the past and present, as well as descendants of early health-care pioneers, and those interested in the developmental stages of a community hospital.

Price: $17.50
Add $3.00 for mailing and handling charges.

Address orders to:

BGH History Book
Brandon General Hospital
150 McTavish Avenue East
Brandon, Manitoba
R7A 2B3

MARITIME HOSPITAL LIBRARY DIRECTORY

The Nova Scotian chapter of CHLA has published the first edition of its "Hospital Libraries Directory of the Maritime Provinces". This is a compilation of the results of a questionnaire sent to all Maritime Hospitals in 1982. Hospitals are listed alphabetically by Province and town. The entries consist of number of hospital beds, library hours and services, library staff, size of journal and book holdings, major indexes, and A/V equipment. This information will enable users to compare library service with hospital size in the three provinces. The NSHLA newsletter will include tear sheets on which updates of this information can be sent for inclusion in the next edition.

The Committee of Verona Hall (Camp Hill Hospital Library), Gene Pelchat & Hulda Trider (Kellogg Health Sciences Library) are to be congratulated on their production of this work.

To Order: Send a cheque ($5.00) payable to Nova Scotia Health Libraries Assoc., to Elizabeth Foy, Treasurer, N.S.H.L.A., Kellogg Health Sciences Library, Dalhousie University, Halifax, N.S. B3H 4H7

BUREAU DE DIRECTION DE L'ABSC / CHLA BOARD OF DIRECTORS

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CORRESPONDANTS DE BMC / BMC CORRESPONDENTS

BIBLIOTHECA MEDICA CANADIANA

VOL. 5 NO. 5 1984 ISSN 0707-3674

BIBLIOTHECA MEDICA CANADIANA

VOL. 5, NO.5 1984

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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENT AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated helath library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographraphic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

The deadlines for submission of articles to V.6 are as follows:

6:1 June 29, 1984

6:2 August 31, 1984

6:3 November 2, 1984

6:4 January 11, 1985

6:5 March 29, 1985

Les dates limites pour des articles pour les envois à paraître:

6:1 29 juin 1984

6:2 31 août 1984

6:3 2 novembre 1984

6:4 11 janvier 1985

6:5 29 mars 1985

FROM THE EDITORS

Another long Ottawa winter is finally behind us and we are slowly emerging from hibernation. The pace of life is quickening, as we get ready for the busiest portion of the Association's year.

By now, members have received registration information for the upcoming conference in Toronto. The programme is jam-packed with interesting sessions designed to help us find a path through the high technology maze. For those who have not yet registered, see page . It's not too late!

In anticipation of the conference, Marilyn Schafer outlines some basic considerations in selecting a microcomputer. Many of CHLA's chapters and committees have also submitted reports on their activities for discussion at the Annual General Meeting. Remember - an active member is an informed member.

This issue also contains information on a health information network now in operation in Winnipeg, as well as a lengthy bibliography to be used as a selection tool for small hospital libraries. Although the west's oil boom may have slowed, the health information sector is certainly active in Western Canada!

As a closing note, we encourage all members to think about possible theme issues of article topics for volume 6. In particular, we need to hear your constructive criticisms for improving BMC in the future. We need to hear from you! Comments can be sent by mail, courier or pony express or talk to us at the upcoming conference. See you soon!

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Debbie Baillie
Assistant Editor

Bonita Stableford
Editor

FROM THE PRESIDENT

Barbara Greeniaus

According to my calculations, these are my final scribblings for this particular page of the BMC. Beginning with Volume 6, Number 1, David Crawford will be attending to this presidential duty.

All previous CHLA presidents have held the office for two years. With the election of our present slate of officers, the terms were changed to improve the continuity of Board composition and to lighten the load of the president. I believe that the new arrangement is a good one and that, with it in place, we reduce the risk of burning out the executive. During my first year on the Board, as President-Elect, I had time to learn the ropes under the capable tutelage of Ann Manning; this year, I had help from both David and Ann in executing the duties of the President and, next year, I will follow the example that has been set, as a productive Board member in the capacity of Past President. Other changes have been made in the functions of the Board of Directors. One of the most important is the assignment of the responsibilities of Medical Library Association liaison to the portfolio of the President-Elect/Vice President. This permanent designation should promote our alliance with the MLA and allow for the contemplation of more long term cooperative projects.

Looking back through the minutes of the Board meetings over which I have had the privilege to preside, I am astounded by the volume of work that has been produced. The Association will hold its 8th Annual Meeting in June and, like most eight year olds I have known, the CHLA is going through a period of boundless energy and rapid growth.

All of the members of the executive, including the BMC editors and the Committee Chairs, have worked on special projects beyond their routine obligations. As a result, we now have formal committee guidelines, an application for funding support, a CHLA executive manual, a home for our archives, an indexed journal, a guide for conference planners of the future, a new chapter waiting to be welcomed at the Annual Meeting, criteria for the awards of outstanding achievement and honorary life membership, and an exciting, high-tech conference to attend next month. All this and money in the bank.

Thank you all for your commitment to the objectives of the CHLA and for your enthusiasm in carrying out its work.

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UN MOT DE LA PRÉSIDENTE

D'après mes calculs, c'est la dernière fois que je rédige mon mot de la présidente pour le BMC. A compter du premier numéro du volume 6, David Crawford prendra la relève.

Jusqu'à présent, le mandat des présidents de l'ABSC a été de deux ans. L'élection de la direction actuelle a marqué un changement de mandat en vue de rehausser la continuité du Bureau de direction tout en allégeant la tâche du président. Je crois que c'est une démarche positive et qu'il y aura ainsi moins de risque d'épuiser les membres du bureau. Durant ma première année au sein du Bureau, à titre de présidente élue, j'ai pu me familiariser avec mes tâches sous la direction d'Ann Manning. Cette année, David et Ann m'ont tous deux appuyée dans mes fonctions de présidente et, l'an prochain, j'aurai moi-même un rôle productif a jouer au sein du Bureau à titre de présidente sortante. D'autres changements ont eu lieu au sein du Bureau, y compris l'attribution des fonctions de liaison avec la Medical Library Association au titulaire du poste de président élu/vice-président. Ce rôle permanent devrait favoriser nos liens avec la MLA et susciter des projets de collaboration à plus long terme.

En parcourant le procès-verbal des réunions que j'ai eu le privilège de présider, j'ai été surprise de constater l'énorme quantité de travail accompli. L'Association convoquera sa 8e assemblée annuelle en juin et, tout comme la plupart des jeunes de huit ans que j'ai connus, l'ABSC est pleine d'énergie et de dynamisme.

Tous les membres de la direction, y compris la rédaction de BMC et les présidents de comités, se sont occupés de projets spéciaux en plus de leurs tâches ordinaires. Par conséquent, nous avons actuellement des directives officielles pour les comités, une demande d'appui financier, un manuel administratif de l'ABSC, un dépôt pour nos archives, une revue indexée, un guide de planification des conférences à venir, une nouvelle section à accueillir à l'assemblée annuelle, des critères d'attribution du grand prix d'honneur et de désignation des membres honoraires à vie, ainsi qu'une intéressante conférence sur les techniques de pointe qui se déroulera le mois prochain. Tout cela et, en plus, de l'argent en banque.

Je vous remercie tous de votre engagement vis-à-vis des objectifs de l'ABSC et de l'enthousiasme que vous manifestez dans leur mise en oeuvre.

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BASIC ISSUES IN THE SELECTION OF A MICROCOMPUTER FOR LIBRARY USE

Marilyn Schafer
Health Sciences Resource Centre, CISTI

"What kind of microcomputer should I buy?"

"Should I look at hardware or software first?"

During the last year questions such as these have been asked of the staff of the Health Sciences Resource Centre with increasing frequency.

What we see is too many people looking at what is available on the market first, and then trying to find an application in the library afterwards. Like children in a toystore at Christmas they are afraid of being left behind, of not acquiring the "in" toy - nevermind its usefulness. Too often we hear that money is available to a library for the purchase of a microcomputer but no money can be found for basics that are still needed. This puts the thoughtful librarian in a dilemma and forces her/him to join a parade which may lead, in fact, to a dead end.

Currently, microcomputers do only two things extremely well: word processing and accounting/statistical functions. Any other applications, especially ones required for library use, such as searchable files of documents, require some programming on the part of the user. Therefore, you need to consider whether or not you are prepared to spend the hours required to do your own programming; or, alternatively, whether you are ready to hire a programmer to do it for you. Developments are taking place in the industry now which we will see on the market in the next few years, that will solve this problem. These are called Applications Development Software (ADS). It may very well be worth your time and money to wait.

Should you decide to go ahead with the purchase of a micro as you have word processing and statistical work you'd like to automate now, then do read the literature; do shop around. Popular magazines such as BYTE, Popular Computing, Canadian Office, Insider are frequently very informative and are easily available. As well, there are a number of magazines which support individual brand names. If you find the articles hard to read, then read the advertising. You can learn a lot from ads. A bibliography of reference books, all of which are in the CISTI Reference collection and many of which should be available in libraries in many parts of the country, is appended to this article.

The first step in considering the purchase of a microcomputer for your library is to look at the functions in your operations and decide which of these could be automated. Next, take a look at the size of the operation; how large a volume of data are you wanting to automate; how often will that data be accessed; by how many people; how many access points. Remember that although microcomputers are increasing in storage and functional capacities all the time, they are still in computer terms exactly what the name implies - MICROS.

Downloading, that is, the online transfer of data from a large computer system to your own microcomputer, is a case in point. Most micros will hold no more than 125 detailed MEDLARS references, depending upon the size of the individual machine storage. To handle large quantities of data you will need hard disk storage. This will increase your costs. A modem and accompanying cables or software, as appropriate, for connecting by telephone to other systems will increase costs from the basic price as well. Bear in mind that downloading, without permission, from many systems is still illegal and that includes MEDLARS.

We note, also, from the many questions we receive that salespersons in micro shops have no concept of the true capacities of the apparatus they are selling. To find out about telecommunications hookups, for example, you must insist on talking to a technical representative. These people are usually truly knowledgeable and able to tell you in simpler terms what you need to know. Unlike the salesperson they are not out to bedazzle you. They tend to figure that if you got past the salesperson to them, you really want to know.

There is a plethora of machines, software and information about them available now, and a larger number of owners and users of microcomputers than ever before. This means that it is becoming easier to locate a person using an individual brand of micro and a specific type of software with it. As there are more users, there will be more experienced people to draw on for detailed information.

A microcomputer is not a cure-all. It will not solve all your problems; neither will it reduce the paper burden. It will help you produce some reports faster and allow you to do some compilations and manipulations of data in minutes, that would have taken days by hand. However, at this point, the best advice for shopping for a micro is still CAVEAT EMPTOR.

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Freedom, Alan. The Computer Glossary for Everyone: It's not just a Glossary? 3rd ed. Englewood Cliffs, NJ: Prentice-Hall, c1983. 298 p..

Consumers Union of United States. Computers at Home: A Special Publication. Mount Vernon, NY: Consumers Union of United States, c1983. 75 p.

Databook Directory of Small Computers. Delran, NJ: Datapro Research Corporation. c1983. 2 v. (loose-leaf).

Burton, Philip E. A Dictionary of Minicomputing and Microcomputing. New York: Garland STPM Press, c1982. 346 p.

Micro-Systèmes guide du nouvel utilisateur de micro-ordinateurs: (1983). Micro-Systèmes. no. 34. Paris: Société Parisienne d'Edition, 1983. p. 83-257.

Online, Inc. Online Micro-Software Guide & Directory 1983-84. Weston, CT: Online, Inc., c1982. 1 v. 346 p.

Online, Inc. Online Micro-Software Guide & Directory 1983-84. Supplement 1983. Weston, CT: Online, Inc., c1983. 1 v. 139 p.

Online, Inc. Online Terminal/Microcomputer Guide and Directory 1982-83. 3rd edition. Weston, CT: Online, Inc., c1982. 1 v. 99 p.

Online, Inc. Online Terminal/Microcomputer Guide & Directory 1982-83. Supplement - 1983. Weston, CT: Online, Inc., c1983. 1 v. 99 p.

Personal Computing buyer's guide to Portable Computers (1983). Personal Computing: v. 7, no. 5. Rochelle Park, N.J.: Hayden Pub. Co., 1983. 215 p.

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SELECTION GUIDES FOR SMALL HOSPITAL LIBRARIES

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A recent tour of southern Alberta rural hospital libraries confirmed my belief that a core list of books and journals to be used as a selection guide would be very helpful. As a rule these small libraries or "collections" are staffed by non-experts who would appreciate the help of a selection guide. After examining the available selection guides intended for the small hospital or physician's library, their inconsistency or inadequacy became apparent; on this, more will be said later.

I hit upon the idea to compare various existing lists and produce an "expert master list" of books and journals which would contain only those items upon which all or most of the expert lists agree.

Thus I dutifully compared the following:

1) Brandon, A.N. and Hill, D.R. Selected List of Medical Books and Journals for the Small Medical Library. Bull. Med. Libr. Ass. 71(2) April 1983:145-175.

2) Ontario Medical Association. Committee on Medical Library Services. Suggested List of Medical Books and Journals. Toronto, Ontario Medical Association. Sept. 1982. 119p.

3) Fitzgerald, D., Corbett, D. and Weston, W.W. Basic Library List for Family Medical Centres and Small Hospitals, 1982. Can. Fam. Phys. 28, July 1982:1305-1312.

4) Allyn, Richard. A Library for Internists. IV. Recommended by the College of Physicians. Ann. Int. Med. 96(3) March 1982:385-401.

5) a. University of Saskatchewan. Continuing Medical Education. Guide for Developing a Basic "Core Library" for Physicians in Saskatchewan, #1.

   b. University of Saskatchewan. Continuing Medical Education. Community Hospital Library Recommendations. #2. In addition to #1 Basic Core Recommended for Hospitals with 50-200 beds. Saskatoon, Univ. of Saskatchewan. April 1982. 11p.

6) The University of Calgary. Faculty of Medicine. Recommended List of Reference Books, 1983. 1p.

7) Fraser, W. and Hyde E. A Selective List for Hospital Libraries. Recent and Recommended Medical Books. Vancouver, B.C. Medical Library Service, 1983. 17p.

8) Wender, R.W. et al. Primary Care Physician's book list. Postgrad. Med. 71(2) Feb. 1982:75-83.

9) For the nursing book list; Brandon-Hill's already mentioned list was compared with Strauch, K.P. and Brundage, D.J. Guide to Library Resources in Nursing. N.Y., Appleton-Century-Crofts, 1980. 509p.

From the above expert lists, only those items which were asterisked have been considered, i.e. "Suggested for initial purchase" by Brandon; "for primary consideration" by Ontario Medical Association, or listed as "first choice" by Annals of Internal Medicine.

This comparison produced 80 book and 40 journal titles. Considering the fact that the unanimous or nearly unanimous opinion of so many experts must be reliable, the "master lists" are reproduced at the end of this article, as Supplements I and II.

Where the individual lists are concerned, there is no doubt that the Brandon-Hill list comes first. Sometimes their choices can be argued, but their bibliographical descriptions are the most accurate.

One wonders however, why they left out the subject of occupational medicine from the otherwise complete coverage of clinical and pre-clinical subjects. The value of the Brandon-Hill list would have been enhanced by the addition of ISBN numbers. This feature is provided only by the Ontario Medical Association's list.

For good book choices, I would rank Richard Allyn's posthumous list as second to none. It should be mentioned, however, that his list's presentation is somewhat unorthodox; books and periodicals are divided into four categories according to the internists' interest. The bibliographical description follows a self-chosen pattern different from internationally accepted rules.

The third best list is from the Ontario Medical Association. The items recommended for primary consideration in each subject area are just too numerous; in this case, less would be more. This list's value is enhanced by the indication of ISBN number and is very good for Canadian sources. However, for accuracy of recent editions, some amelioration is required. Consider the American College of Surgeons Committee on Trauma, Early Care of the Injured Patient. The third edition appeared in 1982; the list recommends the 2nd edition, without indicating at least that the 3rd edition is in preparation. The spelling of some of the headings show that even in a bibliography someone can express some emotion!

Ranked fourth is the Wender, R.W. et al. book list. The list is accurate where quotations are concerned, except for the authors of Modern Synopsis of Comprehensive Textbook of Psychiatry. This list could have included works in geriatrics, given the ever-increasing interest in this subject. Books in legal medicine and ethics would have also been useful for the physician in family practice - the intended audience for this list.

The fifth ranked list is W. Fraser and E. Hyde's compilation from the B.C. Medical Library Service. It lists only the most current works, including 1982 and 1983 editions. It must be emphasized that this bibliography is intended primarily as a buying guide for British Columbia Hospital libraries and as a subject catalogue of some books which may be borrowed from the College Library. Choices are not always the most appropriate, such as the inclusion of Physicians for Social Responsibility. Prevention of Nuclear War as an asterisked item. While I agree with the intent that every step should be taken to prevent nuclear war, this item does not belong to a small hospital library's core collection. Rozovsky's Legal Sex is anything but legal medicine, the heading under which the book is listed. One item is listed under "pain" instead of the usual neurology heading. In spite of shortcomings such as only giving the first author in the bibliographical descriptions and not indicating place of publication, the list plays an important role; it helps the British Columbia hospitals to select a few worthwhile medical publications.

Ranked sixth is the Fitzgerald-Corbett-Weston list. At the outset, the reader is surprised by the list of subject headings used. Geriatrics is replaced by the term "care of the aged"; pediatrics by "child care"; psychiatry by "psychological problems". But dermatology is tolerated, with no reference to skin diseases; forensic medicine has no reference to medicine and law; obstetrics has no reference to pregnancy or childbirth, and oncology has no reference to tumors.

It is interesting also to note that the 16th edition of Cecil's Textbook of Medicine was on the market when the bibliography appeared in July 1982; the 15th edition is quoted. In the chapter on growth and development, some items from 1959 and 1963 are recommended. The subject of cardiovascular disease is entirely missing. This is especially surprising given the fact that cardiovascular disease is the leading cause of death in this country. An interesting feature is the appendix on "Medicine in Literature", a very worthy undertaking although it misses a few important authors like Munthe, Turgenev, Chekhov, A.J. Cronin, etc. The list provides a few definitively useful Canadian sources and hence can be used as an adjunct to some of the previous selection lists.

In the ranking, the University of Saskatchewan's Continuing Medical Education's guides come next as number seven. The lists are published every year, but updating is falling behind. To mention a few items, a book on emergency room care from 1972 is a recommended item on the 1982 list; in gastroenterology, old works ranging in age from eight to eleven years are still recommended. In the case of Wehrle and Top's Communicable and Infectious Diseases, instead of the 1981 edition, the one published five years earlier is recommended.

In the bibliographic description, the publisher's name is given in parentheses, followed by the name of the Canadian representative, if such is available. This practice would be more rewarding if a footnote explained the meaning of the double publishers i.e. "(Little, Brown) Lippincott", were included.

The University of Calgary, Faculty of Medicine, Continuing Education's list contains only 19 publications and is intended for the physician's office; it has not yet been approved. Subjects like cardiology, diagnosis, gastroenterology, genetics, geriatrics, hematology, laboratory medicine, neurology, oncology, sports medicine, radiology, respirology, and toxicology are left out, which I guess indicates how healthy we are in Alberta!

Where publishers are concerned, you guessed right. In order of decreasing number of books published on the list, Saunders comes first with 19 items, followed by Mosby with 13 items. Lippincott and Lange both have 6 items, with Lea and Febiger and Williams and Wilkins with 5 items each, followed by the rest.

SUPPLEMENT I. BOOKS

ALLERGY	Patterson, R. Allergic Diseases: Diagnosis and Management. 2nd ed. Philadelphia, Lippincott, 1980. ($52.50) ISBN 0-397-50417-9
ANATOMY	Gray's Anatomy of the Human Body. 29th ed. Ed. by Charles M. Goss. Philadelphia, Lea & Febiger, 1973. ($32.50 U.S.) ISBN 0-8121-0377-7
OR	
	Anderson, J.E. The Grant's Atlas of Anatomy. 8th ed. Baltimore, Williams & Wilkins, 1983. ($35.00 U.S.) ISBN 0-683-00211-2
ANESTHESIOLOGY	Dripps, R. et al. eds. Introduction to Anaesthesia: the Principles of Safe Practice. 6th ed. Philadelphia, Saunders, 1982. ($24.60 U.S.) ISBN 0-7216-3194-0
ARTHRITIS AND RHEUMATISM	Kelley, W.N. et al eds. Textbook of Rheumatology. Philadelphia, Saunders, 1981. 2 vol. set. ($130.00 U.S.) (Single v. set $115.00 U.S.) ISBN 0-7216-5353-7
OR	
	Moskowitz, Roland W. Clinical rheumatology: a Problem-Oriented Approach to Diagnosis and Management. 2nd ed. Philadelphia, Lea & Febiger, 1982. ($25.00 U.S.) ISBN 0-8121-0847-7
BIOCHEMISTRY	Lehninger, A.L. Biochemistry: The Molecular Basis of Cell Structure and Function. 3rd ed. New York, Worth Publ., 1983. (In prep.)
CARDIOLOGY	Braunwald, Eugene, ed. Heart disease: a Textbook of Cardiovascular Medicine. Philadelphia, Saunders, 1980. ($95.00 U.S.) ISBN 0-7216-1924-X
	Goldman, Mervin J. Principles of Clinical Electrocardiography. 11th ed. Los Altos, CA, Lange, 1982. ($15.00 U.S.) Revised Triennially. ISBN 0-87041-082-2
DERMATOLOGY	Fitzpatrick, Thomas b. et al. eds. Dermatology in General Medicine: Textbook and Atlas. 2nd ed. New York. McGraw Hill, 1979. ($110.00 U.S.) ISBN 0-07-021196-5 Update: Dermatology in General Medicine. 1983. ($45.00 U.S.) ISBN 0-07-021198-1

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*Note: Whenever opinions were evenly divided between two publications both are mentioned with "OR" between them.)

OR

Sauer, Gordon C. Manual of Skin Diseases. 4th ed. Philadelphia, Lippincott, 1980. ($41.00 U.S.) ISBN 0-397-52090-5

DIAGNOSIS AND CLINICAL METHODS

Krupp, Marcus A. et al. eds. Current Medical Diagnosis and Treatment. 22nd ed. Los Altos, CA, Lange, 1983. ($31.25 Cdn) ISBN 0-87041-253-1

DIETETICS AND NUTRITION

Goodhart, Robert S. and Shils, Maurice E. eds. Modern Nutrition in Health and Disease. 6th ed. Philadelphia, Lea & Febiger, 1980. ($47.50 U.S.) ISBN 0-8121-0645-8

Ontario Dietetic Assoc. Diet Manual. 5th ed. Don Mills, Ont. Ontario Hospital Assoc., 1982. ($35.00 Cdn)

EMERGENCY MEDICINE

Schwartz, George R. et al. Principles and Practice of Emergency Medicine. Philadelphia, Saunders, 1978. 2 vols. ($100.00 U.S.) ISBN 0-7216-8034-8

OR

Wilkins, Earle W. et al. eds. MGH Textbook of Emergency Medicine: Emergency Care as Practiced at the Massachusetts General Hospital. 2nd ed. Baltimore, Williams & Wilkins, 1983. (In prep.)

OR

American College of Surgeons Committee on Trauma. Early Care of the Injured Patient. 3rd ed. Philadelphia, Saunders, 1982. ($22.00 U.S.) ISBN 0-7216-1165-6

ENDOCRINOLOGY AND METABOLISM

Williams, Robert Hardin, ed. Textbook of Endocrinology. 6th ed. Philadelphia, Saunders, 1981. ($70.00 U.S.) ISBN 0-7216-9398-9

ETHICS

Brody, Howard. Ethical Decisions in Medicine. 2nd ed. Boston, Little, Brown, 1981. ($15.95) ISBN 0-316-10899-5

Canadian Medical Association: Code of Ethics. Ottawa, Ont. CMA., 1978. FREE. Irregular updates.

FAMILY PRACTICE

Rakel, Robert E. Textbook of Family Practice. 3rd ed. Philadelphia, Saunders, 1983. (In prep.)

GASTROENTEROLOGY

Sleisenger, M.H. and Fordtran, John S. Gastrointestinal Diseases: Pathophysiology, Diagnosis, Management. 3rd ed. Philadelphia, Saunders, 1983. (In prep.)

Sherlock, S. Diseases of the Liver and Biliary System. 6th ed. St. Louis, Mosby, 1981. ($67.50 U.S.) ISBN 0-632-00766-4, B-4588-3

GENETICS

Nora, James J. and Fraser, F. Clarke. Medical Genetics: Principles and Practice. 2nd ed. Philadelphia, Lea & Febiger, 1981. ($42.50 U.S.) ISBN 0-8121-0766-7

OR

Thompson, J.S. and Thompson, M.V. Genetics in Medicine. 3rd ed. Philadelphia, Saunders, 1980. ($17.50 U.S.) ISBN 0-7216-8857-8

GERIATRICS

Brocklehurst, John C. ed. Textbook of Geriatric Medicine and Gerontology. 2nd ed. New York, Churchill Livingstone, 1978. ($95.00 U.S.) ISBN 0-443-01579-1

GYNECOLOGY AND OBSTETRICS

Jones, Howard W. and Jones, Georgeanna S. Novak's Textbook of Gynecology. 10th ed. Baltimore, Williams & Wilkins, 1981. ($49.95 U.S.) U.S. Student Ed. 3d ed. ($21.00 U.S.) ISBN 0-683-04468-0

OR

Pritchard, Jack A. and MacDonald, Paul C. Williams Obstetrics. 16th ed. Norwalk, Connecticut, Appleton-Century-Crofts, 1980. ($56.00 U.S.) ISBN 0-8385-9731-9

HEMATOLOGY

Williams, William J. et al. Hematology. 3rd ed. New York, McGraw Hill, 1983 ($85.00 U.S.) ISBN 0-07-070377-9.

OR

Wintrobe, M.M. et al. Clinical Hematology. 8th ed. Philadelphia, Lea & Febiger, 1981. ($85.00 U.S.) ISBN 0-8121-0718-7

HOSPITALS

Berman, Howard J. and Weeks, Lewis E. The Financial Management of Hospitals. 5th ed. Ann Arbor, Mich. Health Administration Pr., 1982. ($32.00 U.S.) ISBN 0-914904-74-4

Dozovsky, L.E. Canadian Hospital Law: A Practical Guide. 2nd ed. Ottawa, Ont. Canadian Hospital Assoc., 1979. ($15.00 Cdn)

IMMUNOLOGY

Lachmann, P.J. and Peters, D.K. eds. Clinical Aspects of Immunology. 4th ed. St. Louis, Mosby, 1982. 2 vols. ($195.00 U.S.). ISBN 0-632-00702-8

OR

Samter, Max, and Alexander, Harry L. eds. Immunological Diseases. 3rd ed. Boston, Little, Brown, 1978. 2 vols. ($110.00 U.S.) ISBN 0-686-8621-3

INFECTIOUS DISEASES

Ed. by Abram S. Benenson. Wash., D.C. Control of Communicable Diseases in Man. 13th ed., Wash., D.C., American Public Diseases in Man. 13th ed. American Public Health Assoc., 1981. ($7.50 U.S.) ISBN 0-87553-077-X

OR

Wehrle, P.F. and Top, F.H., eds. Communicable and Infectious Diseases. 9th ed. St. Louis, Mosby, 1981 ($64.50 U.S.) ISBN 0-8016-5008-9

INTERNAL MEDICINE

Petersdorf, Robert G. et al. eds. Harrison's Principles of Internal Medicine. 10th ed. New York, McGraw Hill, 1983. (2 vols. $85.00 U.S.) ISBN 0-07-079309-3 (1 vol. $70.00 U.S.) ISBN 0-07049603-X

OR

Wyngaarden, J.B. and Smith L.H. Jr. eds. Cecil Textbook of Medicine. 16th ed. Philadelphia, Saunders, 1982. ($69.00 U.S.) ISBN 0-7216-9618-X

LABORATORY MEDICINE

Henry, J.B. ed. Todd-Sanford-Davidsohn Clinical Diagnosis and Management by Laboratory Methods. 16th ed. Philadelphia, Saunders, 1979. 2 vols. ($70.00 U.S.) ISBN 0-7216-4639-5

LEGAL MEDICINE

Marshall, T.D. The Physician and Canadian Law. 2nd ed. Toronto, Carswell, 1979. ($17.75 Cdn).

OR

Sharpe, G.S. and Sawyer, G.I. Doctors and the Law. Scarborough, Ont., Butterworths, 1978. ($31.00 Cdn) ISBN 0-409-8662808

MICROBIOLOGY

Davis, B.D. et al. Microbiology: Including Immunology and Molecular Genetics. 3rd ed. Philadelphia, Harper & Row, 1980. ($49.00 U.S.) ISBN 0-06-140691-0

NEUROLOGY

Adams, R.D. and Victor, M. Principles of Neurology. 2nd ed. New York, McGraw Hill, 1981. ($47.00 U.S.) ISBN 0-07-000294-0

NURSING

Abels, L.F. Mosby's Manual of Critical Care. St. Louis, Mosby, 1979. ($19.95) ISBN 0-8016-0055-3

Alexander, E.L. Nursing Administration in the Hospital Health Care System. 2nd ed. St. Louis, Mosby, 1978. ($19.95 U.S.) ISBN 0-8016-0110-X

Beland, I.L. and Passos, J.Y. Clinical Nursing: Pathophysiological and Psychosocial Approaches. 4th ed. New York, Macmillan, 1981. ($39.95 U.S.) ISBN 0-02-307890-1

Brunner, L.S. and Suddarth, D.S. The Lippincott Manual of Nursing Practice. 3rd ed. Philadelphia, Lippincott, 1982. ($37.50 U.S.) ISBN 0-686-97992-3

Creighton, H. Law Every Nurse Should Know. 4th ed. Philadelphia, Saunders, 1981. ($16.00 U.S.) ISBN 0-7216-2573-8

Govoni, L.E. and Hayes, J.E. Drugs and Nursing Implications. 4th ed. Norwalk, Connecticut, Appleton-Century-Crofts, 1982. ($22.50 U.S.) ISBN 0-8385-1786-2

Gruendemann, B.J. and Meeker, M.H. Alexander's Care of the Patient in Surgery. 7th ed. St. Louis, Mosby, 1983. ($35.95 U.S.) ISBN 0-8016-4147-0

Narrow, B.W. and Buschle, K.B. Fundamentals of Nursing Practice. New York, Wiley, 1982. ($28.95 U.S.) ISBN 0-471-05950-1

Phipps, W.J. et al. Shafer's Medical Surgical Nursing. 15th ed. Philadelphia, Lippincott, 1983. ($27.50 U.S.) 7th ed. St. Louis, Mosby, 1980. ($36.95 U.S.) ISBN 0-8016-3934-4

Reeder, Sharon R. et al. Maternity Nursing. 15th ed. Philadelphia, Lippincott, 1983. ($27.50 U.S.) ISBN 0-397-54369-7

Wade, J.F. Comprehensive Respiratory Care: Physiology and Techniques. 3rd ed. St. Louis, Mosby, 1982. ($12.95 U.S.) ISBN 0-8016-5282-0

Warner, C.G. ed. Emergency Care: Assessment and Intervention. 3rd ed. St. Louis, Mosby, 1983. ($24.95 U.S.) ISBN 0-8016-5352-5

OCCUPATIONAL MEDICINE

Zenz, Carl. Occupational Medicine. Principles and Practical Applications. Chicago, Yearbook, 1975. ($68.95 U.S.) ISBN 0-8151-9864-7

ONCOLOGY

Del Regato, J.A. and Spjut, H.J. Ackerman and Del Regato's Cancer: Diagnosis, Treatment and Prognosis. 5th ed. St. Louis, Mosby, 1977. ($79.50 U.S.) ISBN 0-8016-1250-0

OR

Haskell, C.M. ed. Cancer Treatment. Philadelphia, Saunders, 1980. ($55.00 U.S.) ISBN 0-7216-4566-6

OPHTHALMOLOGY

Newell, F.W. Ophthalmology: Principles and Concepts. 5th ed. St. Louis, Mosby, 1982. ($36.95 U.S.) ISBN 0-8016-3645-0

OR

Vaughan, D. and Asbury, T. General Opthalmology. 10th ed. Los Altos, CA, Lange, 1983. ISBN 0-87041-105-5

ORTHOPEDICS	Adams, J.C. Outline of Orthopaedics. 9th ed. Edinburgh, Churchill Livingstone, 1981. ($19.50 U.S.) ISBN 0-686-31316-X
	Edmonson, A.S. and Crenshaw, A.H. eds. Campbell's Operative Orthopaedics. 6th ed. St. Louis, Mosby, 1980. 2 vols. ($199.50 U.S.) ISBN 0-8016-1071-0
	Happenstall, R.B. ed. Fracture Treatment and Healing. Philadelphia, Saunders, 1980. ($85.00 U.S.) ISBN 0-7216-4638-7
OTOLARYNGOLOGY	De Weese, D.D. and Saunders, W.H. Textbook of Otolaryngology. 6th ed. St. Louis, Mosby, 1982. ($33.95 U.S.) ISBN 0-8016-1273-X
PEDIATRICS	Behrman, R.E. and Vaughan, V.C. eds. Nelson Textbook of Pediatrics. 12th ed. Philadelphia, Saunders, 1983. ISBN 0-7216-1736-0
OR	
	Rudolph, A.M. and Hoffman, J.I.E. eds. Pediatrics. 17th ed. Norwalk, Connecticut, Appleton-Century-Crofts, 1982. ($45.00 U.S.) ISBN 0-8385-7795-4
PATHOLOGY	Anderson, W.A.D. and Kissane, J.M. eds. Pathology. 7th ed. St. Louis, Mosby, 1977. 2 vols. ($64.50 U.S.) ISBN 0-8016-0186-X
PHARMACOLOGY AND THERAPEUTICS	Compendium of Pharmaceuticals and Specialties (CPS) 18th ed. Ottawa, Ontario. Canadian Pharmaceutical Assoc., 1983. ($35.00 Cdn)
	Gilman, A.G. et al. eds. Goodman and Gilman's, the Pharmacological Basis of Therapeutics. 6th ed. New York, Macmillan, 1980. ($48.00 U.S.) ISBN 0-02-344720-6
PHYSICAL MEDICINE AND REHABILITATION	Kottke, F.J. et al. Krusen's Handbook of Physical Medicine and Rehabilitation. 3rd ed. Philadelphia, Saunders, 1982. ($45.00 U.S.) ISBN 0-7216-5571-8
PHYSIOLOGY	Ganong, W.F. Review of Medical Physiology. 11th ed. Los Altos, CA, Lange, 1983. ($20.00 U.S.) Rev. Ann. ISBN 0-87041-137-3
PREVENTIVE MEDICINE AND PUBLIC HEALTH	Last, J.M. et al. eds. Maxcy-Rosenau Public Health and Preventive Medicine. 11th ed. Norwalk, Conn., Appleton-Century-Crofts, 1980. ($72.00 U.S.) ISBN 0-8385-6168-1
PSYCHIATRY	Kaplan, H.I. and Sadock, B.J. Modern Synopsis of Comprehensive Textbook of Psychiatry. 3rd ed. Baltimore, MD, Williams & Wilkins, 1981. ($34.00 U.S.) ISBN 0-683-04512-1

RADIOLOGY	Harris, J.H. and Harris, W.H. The Radiology of Emergency Medicine. 2nd ed. Baltimore, MD., Williams & Wilkins, 1981. ($68.95 U.S.) ISBN 0-683-03883-4
RESPIRATORY SYSTEM	Bates, D.V. et al. Respiratory Function in Disease: An Introduction to the Integrated Study of the Lung. 3rd ed. Philadelphia, Saunders, 1984. (In prep.)
SPORTS MEDICINE	O'Donoghue, D.H. Treatment of Injuries to Athletes. 4th ed. Philadelphia, Saunders, 1983. (In prep.)
SURGERY	Sabiston, D.C. ed. Davis Christopher Textbook of Surgery. 12th ed. Philadelphia, Saunders, 1981. (2 vols. $89.00 U.S.) ISBN 0-7216-7878-5
	Wolcott, M.W. ed. Ambulatory Surgery and the Basics of Emergency Surgical Care. Philadelphia, Lippincott, 1981. ($45.00 U.S.) ISBN 0-397-50480-2
TOXICOLOGY - OCCUPATIONAL MEDICINE	Dreisbach, R.H. Handbook of Poisoning: Prevention, Diagnosis and Treatment. 11th ed. Los Altos, CA., Lange, 1983. ($11.00 U.S.) Rev. Triennially. ISBN 0-87041-075-X
UROLOGY	Smith, D.R. General Urology. 10th ed. Los Altos, CA., Lange, 1981. ($19.50 U.S.) Rev. Triennially. ISBN 0-8741-093-8

SUPPLEMENT II. JOURNALS

ALLERGY	Journal of Allergy and Clinical Immunology. Monthly. ($60.50 U.S.)
ANESTHESIOLOGY	Anesthesiology. Monthly. ($20.00 U.S.)
ARTHRITIS AND RHEUMATISM	Arthritis and Rheumatism. Monthly. ($45.00 U.S.)
CARDIOLOGY	Circulation. Monthly. ($46.00 U.S.)
	American Journal of Cardiology. Monthly. ($8.00 U.S.)
DERMATOLOGY	Archives of Dermatology. Monthly. ($30.00 U.S.)
DIETETICS AND NUTRITION	American Journal of Clinical Nutrition. Monthly. ($40.00 U.S.)
EMERGENCY MEDICINE	Annals of Emergency Medicine. Monthly. ($40.00 U.S.)
ENDOCRINOLOGY AND METABOLISM	Journal of Clinical Endocrinology and Metabolism. Monthly. ($100.00 U.S.)
FAMILY PRACTICE	American Family Physician. Monthly. ($40.00 U.S.)
	Canadian Family Physician. Monthly. ($18.00 U.S.).
GASTROENTEROLOGY	Gastroenterology. Monthly. ($104.00 U.S.)
GYNECOLOGY AND OBSTETRICS	American Journal of Obstetrics & Gynecology. Semi-monthly. ($74.50 U.S.)
HEMATOLOGY	Blood. Monthly. ($92.00 U.S.)
INTERNAL MEDICINE AND GENERAL MEDICINE	Annals of Internal Medicine. Monthly. ($45.00 US.)
	JAMA. Journal of the American Medical Assoc. Weekly. ($52.00 U.S.)

*Note: Whenever opinions were evenly divided between two publications both are mentioned with an "OR" between them.

	Canadian Medical Association Journal. Semi-monthly. ($55.20 Cdn)
	Lancet. Weekly. ($55.00 U.S)
	British Medical Journal. Weekly. ($100.00 U.S.)
	New England Journal of Medicine. Weekly. ($52.00 U.S.)
LABORATORY MEDICINE	Journal of Laboratory and Clinical Medicine. Monthly. ($73.00 U.S.)
NEUROLOGY AND PSYCHIATRY	American Journal of Psychiatry. Monthly. ($35.00 U.S.)
	Archives of Neurology. Monthly. ($30.00 U.S.)
NURSING	American Journal of Nursing. Monthly. ($30.00 U.S.)
	Canadian Nurse. Monthly. ($10.00 Cdn)
	Journal of Nursing Administration. Monthly. ($39.95 U.S.)
OR	
	Nursing Management. Monthly. ($25.00 U.S.)
	Nursing. Monthly. ($18.00 U.S.)
ONCOLOGY	Cancer. Semi-monthly. ($60.00 U.S.)
OTOLARYNGOLOGY	Archives of otolaryngology. Monthly. ($30.00 U.S.)
PEDIATRICS	Journal of Pediatrics. Monthly. ($62.50 U.S.)
PHARMACOLOGY & THERAPEUTICS	Medical Letter on Drugs & Therapeutics. Biweekly. ($24.50 U.S.)
PUBLIC HEALTH	American Journal of Public Health. Monthly. ($80.00 U.S.)
RADIOLOGY	Radiology. Monthly. ($65.00 U.S.)
RESPIRATORY SYSTEM	American Review of Respiratory Disease. Monthly. ($80.00 U.S.)
SURGERY	Annals of Surgery. Monthly. ($46.00 U.S.)
	Canadian Journal of Surgery. Bimonthly.
	Surgery. Monthly. ($64.00 U.S.)

Surgery, Gynecology and Obstetrics. Monthly. ($35.00 U.S.)

UROLOGY Journal of Urology. Monthly. ($110.00 U.S.)

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THE WINNIPEG HEALTH INFORMATION NETWORK TRIAL

Judy Inglis

The Winnipeg Health Information Network Trial (WHINET) recently celebrated its sixth month of operation with a week of MEDLINE demonstrations at health libraries around the city. The enthusiastic response from both library staff and clients seems to indicate that Winnipeg may soon be home to a number of new MEDLINE centres.

The response to other services offered during the first six months of this trial has been equally positive. A workshop series has been well attended and has offered a much needed opportunity for library staff to exchange ideas, information and problems. Back-up reference and consultative services have also been well used; the coordinator now handles over 50 requests for information per month that could not have been filled with the resources available at the local health library level. The "Recent References" series, a quarterly literature alerting service in the areas of health administration, nursing, patient education, pharmacy, gerontology and rehabilitation, now has well over 100 health workers on its subscription list. The first of a series of library promotional posters have been produced and distributed and a series of instructional brochures are currently in preparation.

During the next few months a number of new projects are scheduled for development. The Manitoba Health Libraries Association Audiovisual Group has taken the first steps towards the production of a union catalog of audiovisuals and this will be maintained and located in the WHINET office. In addition to the MHLA's Union Book Catalog and Union List of Selected Serials, the WHINET office will be able to provide a centralized referral point for locating regional information resources, whatever the format. A catalog of audiovisual titles recently previewed at hospitals around the city is also underway. An interlibrary loan survey, designed to identify deficiencies in regional resources, began on April 1st and will run for six months. Hopefully, this will provide some of the information necessary to work towards cooperative collection development policies for the Winnipeg area.

The first six months of the Winnipeg Health Information Network Trial have resulted in some exciting developments on the Winnipeg health libraries scene. The initial results seem to indicate that the availability of an area health libraries coordinator with a full time commitment to the development and promotion of regional resource sharing programs, can significantly improve the access to information resources available to health workers in this city. We are very hopeful that the enthusiastic responses to this project during the trial period will ultimately lead to a commitment to its continuation on an ongoing basis.

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AVANT-PROPOS

Le but envisagé par la publication de CANHEALTH est de fournir un receuil du"contenu canadien" du travail des bibliothèques canadiennes des sciences de la santé et de tenter de situer ces bibliothèques dans le plus large contexte canadien et nord-américain CANHEALTH n'est pas un manuel de procédures et ne devrait pas être considéré comme remède universel à tous vos problèmes bibliothécaires. Cependant, on espère qu'il sera utile à ceux qui travaillent dans des bibliothèques canadiennes pour les aider à découvrir les rapprochements et les différences qui existent entre elles et vis à vis les bibliothèques des sciences de la santé aux Etats-Unis. Nous aimerions aussi répandre des renseignements qui touchent sur des ouvrages de référence, des fournisseurs et des modes de procéder particulièrement canadiens.

Cet ouvrage est basé sur le Guide to Canadian Health Science: Information Service and Sources écrit pay Phyllis Russell et publié en 1974 par la Canadian Library Association, et sur des épreuves préparatoires à une révision rédigées par Martha Stone en 1978/79. Lorsque cette série d'articles aura paru au complet, l'Association des bibliothèques de la santé du Canada envisage d'en publier une édition révisée et de les réunir dans un volume. Ceci marquera l'occasion de la première publication d'un ouvrage exprès par l'Association et doit être vu comme un effort en commun qui exige la collaboration de tous les membres. Nous encourageons nos membres de chapitres de nous faire part de leurs commentaires et des corrections à apporter, pour assurer que les renseignements fournis sont à la fois exacts et utiles. Le produit final devrait être le résultat d'un effort coopératif, alors s'il vous plaît aidez-nous.

Nous sommes dans l'obligeance de nous excuser auprès de nos collègues francophones pour la nature unilingue de cette publication. Nous avons l'intention de publier la version finale dans les deux langues. Cependant, le coût de traduction et le temps requis ne nous permettent pas de produire les chapitres préparatoires dans le deux langues.

P R E F A C E

The purpose of CANHEALTH is to provide Canadian health libraries with a source for the "Canadian content" of their work,and to attempt to show how health libraries in Canada fit into the wider Canadian and North American context. CANHEALTH is not a library manual, and it should not be seen as the panacea for all a library's problems. We hope, however, that it will help those who work in Canadian libraries to discover the many differences and similarities which exist between their own libraries and health libraries in the United States. We hope they will also become acquainted with particular Canadian reference tools, suppliers and procedures of which they were not aware.

The present work is based on the Guide to Canadian Health Science: Information Services and Sources written by Phyllis Russell and published by the Canadian Library Association in 1974, and on preliminary drafts of a revision prepared by Martha Stone in 1978/79. When this series of articles is completed the Canadian Health Libraries Association hopes to publish a revised edition in one volume. This will be the first "occasional paper" published by the Association, and it should be a joint effort shared by all membership. We urge Chapter members to take particular responsibility to send us corrections and comments, in order that the facts can be both correct and useful The final product should be the result of a cooperative effort by all of us. Please help.

We apologize to our francophone colleagues for the unilingual nature of this work as it now appears. We intend that the final version will also appear in French. The costs of translation in both time and money, however, make it impractical to produce the draft chapters in both languages.

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LIBRARY ASSOCIATIONS FOR HEALTH LIBRARIANS

The purpose of a professional association is to represent its members in the broad activities within the profession, to present educational opportunities for its members, and to assist members in sharing solutions to common problems. In Canada the most appropriate national association for those involved in the health librarianship is the Canadian Health Libraries Association, which has evolved specifically to provide this kind of interaction. There are also many other organizations of interest to those working in health libraries in Canada, and a brief description of these is given below:

CANADIAN HEALTH LIBRARIES ASSOCIATION/ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA (CHLA/ABSC)

The CHLA was founded in 1976, and in 1984 has over 300 members. Local Chapters exist in Nova Scotia, Ottawa, Toronto, Manitoba and British Columbia, and are coming into being in Southern Alberta and Montreal.

The aims of the association are as noted in the Constitution: "To promote good library service to the health community in Canada by fostering and stimulating health sciences libraries.... It shall also encourage communication and cooperation among its members, and shall seek to advance their educational development by any means at its disposal....In order to further the interest of its members, The Association shall undertake from time to time to consult and collaborate with other professional, technical and scientific organizations in Canada or abroad in matters of mutual interest.."

Membership in the Association is open to all those interested in promoting its aims. Annual meetings are moved across the country, so that members in different regions have opportunities to attend. The journal, which is a vital form of communication among members appears five times a year. It is available also to libraries and other institutions on subscription.

Address: Box 933, Station B, Ottawa, Ontario KIA 5R1
Annual membership fee (1984/85): $25.00 (includes B.M.C.)
Publications: Bibliotheca Medica Canadiana (BMC), 5 per year. (Subscriptions cost $30/year to non-members and libraries.)

ASSOCIATION POUR L'AVANCEMENT DES SCIENCES ET DES TECHNIQUES DE LA DOCUMENTATION (ASTED)

ASTED was founded in 1973 to partly replace l'Association canadienne des bibliothècaires de la langue française. Its primary objective is to promote excellence of service and of staff in the various libraries and documentation centres; to promote the various interests of libraries and documentation centres to governments; and to promote the advancement of library science and of documentation and information science.

The Association conducts annual meetings and continuing education programs across the Province of Quebec, and it has an active Section de la santé.

Address: ASTED, 7243, rue St. Denis, Montreal, P.Q. H2R 2E3
Annual Membership fee (1983/84): Varies dependant on membership in CLA and number of sections joined.
Publications:
Documentation et bibliothèques, quarterly
Nouvelles, 10 per year
Conference proceedings, annual

MEDICAL LIBRARY ASSOCIATION (MLA)

The MLA was founded in 1898, and now has approximately 5000 individual and institutional members. Of these, about 200 are Canadians,many of whom also belong to CHLA. MLA also has members in many other countries; it has an international reputation for supporting the interests of librarians in the health field. The main pupose of the MLA is to "foster medical and allied scientific libraries, to promote the educational and professional growth of health sciences librarians, and to exchange medical literature among its members".

The MLA has many continuing education programs and a mechanism for certification. In addition to a number of special interest Sections, the MLA maintains local Chapters across the United States. Of these, three in particular have many Canadian members, and frequently meet in Canada: North Atlantic, Upstate New York and Ontario, and Pacific Northwest.

Address: 919 North Michigan Avenue, Chicago, IL 60611
Annual membership fee: (1984) $60.00 U.S.
Publications: Bulletin of the MLA, quarterly
MLA News, 10 per year
Monographs on specific subjects.

CANADIAN LIBRARY ASSOCIATION (CLA)

The CLA was founded in 1946, and now has over 5000 members, both individual and institutional. It exists "for the suppport, development and enhancement of library service in all its aspects throughout Canada." It speaks for the Canadian library professional vis-a-vis the Government of Canada.

The CLA is a large umbrella organization which includes within its structure a number of autonomous special interest organizations, such as the Canadian Association of College and University Libraries (CACUL), and the Canadian Association of Special Libraries and Information Services (CASLIS), which latter has active Chapters in Calgary, Toronto, and Ottawa.

Address: 151 Sparks Street, Ottawa, Ontario KIP 5E3
Annual membership fee (1983/84): $49.50 basic rate, which is graduated upward according to income.
Publications: Canadian Library Journal, bi-monthly
Feliciter, 11 per year
Canadian Periodical Index,11 per year
Canadian Materials,3 per year.
Monographs and microfilms on many subjects.

CANADIAN ASSOCIATION OF INFORMATION SCIENCE/ASSOCIATION CANADIENNE DES SCIENCES DE L'INFORMATION (CAIS/ACSI)

CAIS was founded in 1970 to promote the advancement of information science in Canada, and to encourage and facilitate the exchange of information and other dialogue relating to information science. It has a membership of about 500 and has local chapters throughout Canada.

Address: Box 158, Terminal A, Ottawa, Ontario KIN 8V2
Annual membership fee (1983/84): $50.00
Publications:
Canadian Journal of Information Science,
Newsletter
Membership directory, annual.

SPECIAL LIBRARIES ASSOCIATION (SLA)

SLA is an international organization of more than 10,000 professional librarians and information experts. It is an association of individuals and organizations with educational, scientific and technical interests in library and information science and technology -- especially as these are applied in the selection, recording, retrieval and effective utilization of man's knowledge.

SLA is organized into 47 Chapters which elect officers, issue bulletins, hold meetings and initiate special projects. Those of most interest to Canadians are in Toronto, the Pacific Northwest, and Eastern Canada. SLA is also organized into 28 Divisions representing broad subject fields or types of information handling techniques. Each elects officers, may publish a newsletter, and may meet during Annual Conferences. The Biological Sciences Division is one that many health librarians join.

Address: 235 Park Avenue South, New York, N.Y. 10003
Annual memberhsip fees (1983/84): $55.00 U.S.
Publications: Special Libraries, quarterly
Specialist, monthly
Monographs on many subjects.

The benefits of membership in professional associations are incalculable. All of them concentrate on communication of ideas which are useful in the workplace, and which extend an understanding of the possibilities of librarianship and documentation. Meetings provide opportunities for continuing education, both in formal lectures and workshops, and in informal exchanges. Perhaps the most lasting influences of these meetings are in the friendships that develop.

The journals of the various organizations provide state-of-the-art documentation for the problems individuals are facing in the workplace. The Canadian Library Journal covers general librarianship in Canada and reviews of the professional literature. The Canadian Journal of Information Science does the same for information science, and Documentation et bibliothèques straddles both fields. The Bulletin of the MLA provides definitive coverage of current issues in health sciences librarianship, and Special Libraries is particularly good on management and budgetary issues. Bibliotheca Medica Canadiana tries to address the specific concerns of health librarians in Canada and is an excellent source for specifically Canadian information.

CURRENT CHALLENGES FOR HEALTH SCIENCES LIBRARIANSHIP

The Challenge of Workspace

A health sciences library that works is just as hard to achieve in Canada as anywhere else. A study of hospital libraries in Ontario done in 1975 came to the depressing concluson that 58% of them were non-functional, due primarily to inadequate staffing. Since then published standards have somewhat raised the consciousness of the hospital community concerning the importance of properly trained library staff for an accredited institution. Others of the five elements that constitute a working library, such as space allocations and budget control, have not received the same attention. Most of the small to medium-sized libraries and some of the academic collections in the Canadian health field are strapped for space. Unfortunately this presents as severe an inhibition on their ability to function as would poorly trained staff, and it is even harder to rectify.

The underlying problem is a misunderstanding of how libraries function. The myth is that libraries are places for books; the reality is that libraries are places for people to work with books. Therein lies a spatial difference of considerable proportions. For where the books are located there must also be staff to manage them, and in addition, they must be so arranged that it is easy for users to consult them. When a library starts out with appreciably less space than it requires to conduct its most elementary business, the accrual of additional square footage becomes an intensive preoccupation which impinges on every management decision.

In many organizations the library tends to be assigned whatever space is left over after all the other activities of the institution have been accounted for. Multiple use of space is the principle usually evoked, and this principle does apply to libraries very effectively, as long as their space is not used for any other activity. However, the pattern of use characteristic of the health library derives from the type of institution it must serve, the kinds of materials it must carry, and the way these will normally be used. Such a pattern cannot be arbitrarily folded into a random amount of space. This is where most health library problems start. For, if a member of the library staff cannot find a surface on which to work out a service, that service simply cannot be provided, no matter how fine a contribution it might make.

What is missing in this kind of library development is usually the expertise of the library staff who must work there. Planners tend to underestimate the difference this can make to the efficiency of the library, and in their ignorance of library

dynamics, they are likely to brush aside attempts to establish library priorities. In this situation librarians must fight for credibility with extensive documentation. This plan for the library should be written out and illustrated in detail. It should summarize space requirements accompanied by a breakdown of tasks to be performed in sequence, both in running the library and in using it. The ultimate issues are work satisfaction and productivity. Another factor is flexibility. There should always be a percentage of extra space to allow for temporary special purposes, or overflow at peak periods.

Formulae are available for calculating shelving and people space, the sturdiness of floors and lighting intensity. There is a British handbook that is useful. A basic Canadian compilation of such details was published in 1970 by Langmead and Beckman, at which time they also proposed an open plan, which was then a new concept. Public Works Canada has also put together a brief on design for departmental library facilities in government, which is worth studying. (1) Lighting, in particular, can be the least understood element in the library, but there are standards available from both Canadian General Electric and Ontario Hydro.

The Challenge of the Managerial Role

Managing the library is the real challenge. It is not a simple matter of circulating books. It is a matter of integrating the library into the fabric of the institution it serves. This has to be done in spite of the fact that most people who use the library, and almost all of the people who provide funds for the library, have difficulty understanding the dynamics of library service. To make a library work, the person in charge must have enough space so it can function, and they must also have control of the library budget. Particularly now, when health libraries as a group are facing a technological revolution, the person in charge must be able to plan and make decisions that will lead in that direction. Just as an isolated collection which has no access to an enlarged library community, either for interlibrary loans or for cataloguing information, is an anachronism, so a library budget which is separated into components managed by other departments is unworkable.

In many organizations this is a problem because the library has to earn its status as an active department, and it must do this by overcoming the misconception that it is merely a depository for books. It is difficult to demonstrate a plan for action which will render the library functional if you have no access to funds which can be assigned to the project. Consequently, the budget is a vital document, even if it is a small one.

There are discretionary decisions to be made within the budget framework. They are decisions which will affect how well the library can respond to expected requests, and it is library personnel who will know best which requests are most likely. Such items as the librarian's own information needs for

bibliographic tools, library journals and long distance phone calls affect appreciably the output that can be expected of the library, and their relative importance is a management decision within the library. Planning to streamline book processing by allocating funds to a cataloguing service or a subscription service is also a library management decision. Without control of the total budget, a library may be forced to persuade outsiders, who do not understand how the library functions, that each one of these items is necessary, one by one. The overall dynamics of their usefulness is lost in the discussion.

The technological changes which are on the threshold of every health sciences library in the face of inflationary costs for both library materials and salaries, and with the advent of microcomputers and other electronic aids, render budget management increasingly important as a planning device. Online access, not only to bibliographic resources, but also to cataloguing information, will further isolate the smaller health sciences libraries, unless they join forces with libraries which can provide these services for them. The grassroots networking which has been characteristic of the cooperation between libraries in the health field should gradually become more formalized, and some library costs will undoubtedly be shifted to electronic resources in one form or another. Herbert S. White has outlined the factors involved in technological advances as clearly as anyone. (2) Perhaps it is also worth reviewing Margeret Beckman's ideas on participatory management, which she developed in organizing her library at Guelph University. The greatest changes may very well occur in the way the library itself is designed and managed, and the role of the person in charge as a manager of information, rather than of books, may finally emerge.

The Challenge of Outreach

Health sciences libraries in Canada, as elsewhere, are designed to support the information needs of many kinds of practitioners in the health field, both as students and as professionals in practice. There is now, however, a new constituency which is becoming increasingly vocal in its requests for information. Since it is largely outside the normal responsibilities of most health libraries, this group poses a challenge of outreach for library staffs in the health sciences field. It is composed of ordinary consumers who are hearing a great deal in the media today about health hazards and the need for "participation".

If a beginning can be pinpointed in Canada, the media hype probably started when Marc Lalonde was Minister of National Health and Welfare. In an effort to limit the costs of Canada's universal health care system, he proposed in a position paper (3) that preventative care should be emphasized, and healthy lifestyles should be promoted. This requires, of course, that the individual take an active and intelligent role in

decisions about health. Such a role, however, depends upon accurate, timely and relevant information, and this is not always easy to find.

The first encounter with health education for most consumers is likely to occur in a hospital or clinic in connection with an illness which has descended upon someone in the family. Part of a physician's role is to inform patients about their disease and its treatment, so that the patient understands what to expect, and can consent to the necessary procedures with some knowledge of the reasons for them and the possible results.

The rules by which interaction between health practitioners and health consumers are governed in Canada have been set out in lay terms by Lorne Rozovsky,a long time interpreter of Canadian law in the health field. In his Canadian Patients' Book of Rights he has clarified most of the issues.(4) However, the ethics of delivering information in the health field still requires much clarification for library personnel. It is not a librarian's role to interpret the meaning of the information provided, but it is a responsibility to respect the right to ask questions, and to find answers that are reliable and accurate. There are still many librarians, nevertheless, who prefer to avoid the unresolved issues by refusing to provide health information to the public.

On the other hand, clinical librarianship, which has developed in some hospitals, has grown out of an attempt to go outside the library to meet health problems, and to use professional skills to match available information to the situation, both for the professionals providing health care, and for the patients receiving it. Joanne Marshall has kept readers of the Bibliotheca Medica Canadiana informed of the progress of this movement in Canada with a series of bibliographies. (5)

In the United States, where a specialty in health education has been developing in the last few years, patient education has become more extensively formalized, and numerous studies have been done of the outcomes. Many of these have been compiled by Lawrence W. Green (6), now director of the Office of Health Information at the U.S. Department of Health and Human Services, who has some strong views on the difference between providing health information and effecting health education which results in a change in behaviour.

However that may be, not all consumers of health information are patients in hospitals. Many are dealing with chronic illness in the home. Others are coping with family stresses which create mental health problems for one or more family member. Finding library materials that will illuminate the interaction of health and illness with family life is not a simple matter. And finding materials that will inform people at many different levels of understanding is harder still. The flood of consumer-oriented health books is currently increasing about 10% per year, and there is no systematic means of tracking down the most definitive titles. Few lists have been compiled, and even those are quickly

outdated.

The most comprehensive approach has been taken by Alan Rees, who has published two books on the subject. (7) One is a source book naming both sources of information and specific titles; the other is a collection of articles on consumer health information services. Of the many possible ways of providing information services to health care consumers, the one method which has been explored to date is based on cooperation between health sciences librarians and public librarians. It combines knowledge of the health field with traditional public access, and seems to function relatively well. Several United States projects have been successfully sponsored by government funding in large cities, such as Boston and Los Angeles. A more modest Canadian initiative has been put in place in Hamilton.

The challenge for health sciences librarians in Canada now is to explore additional forms of community health information service, and to foster new funding projects.

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CATALOGUING, CLASSIFICATION AND SUBJECT ANALYSIS

Though descriptive cataloguing, classification and subject analysis are quite separate activities they are often thought of simply as "cataloguing". The aim of CANHEALTH is "to provide Canadian health libraries with a source for the Canadian Content of their work" so this brief chapter, will not attempt to describe the three functions in detail but will,however,try to provide a brief overview and give a short list of references.

Descriptive cataloguing

This is the process of describing everything of bibliographic (i.e. author, title publisher, date)and physical (i.e. size and number of pages) significance about an item except the subject content. The cataloguer decides which bibliographic elements should be access points and assigns these in a standard manner following "authorities". The term "authority" tends to confuse those unfamiliar with library work but the concept is really quite straightforward. It is obviously important that books by the same author be brought together by the catalogue (one of its main functions) but often names are listed in different forms on a title page. The "authority" is simply the form chosen by that library as the one it will use. An example; books written by H.M. Reilly and R. Madsen (a pseudonym) are the work of one person. The library should chose the name as it appears on the title page (in this case H. M. Reilly) as the name to be used. It is thus usual to make references which refer users from a variant form (e.g. R.Madsen) to the established form. In addition to name authorities there are subject authorities which will be discussed below.

Classification

Classification is the assigning of a classification number to an item. The number chosen as the classification number is selected from a particular classification scheme such as the National Library of Medicine Classification, the Library of Congress Classification or the Dewey Decimal Classification. Once a classification number is selected it, combined with a shelving number, determines where the item will be shelved in the library. The shelving numbers are usually assigned from special tables known as "Cutter tables" after their originator, Charles Cutter, and are usually constructed so as to allow works by the same author on the same subject to be shelved together. Some libraries add the year of publication to the shelving number. The combination of the classification number and the shelving number is known as the "call number".

In the example at the end of the chapter WB 400 is the NLM classification number for Dietetics. Diet Therapy. W 727 is the Cutter number for the author (Sue Rodwell Williams) "n" is the first letter of the title and 1981 is the year of publication. The resulting WB400 W727n 1981 is the call number assigned to this book by NLM.

Subject analysis

Subject analysis is a very important aspect of cataloguing and the aim is to give users an idea of the main subjects covered by the item. For subject headings to be useful they must be consistent, and a detailed thesaurus is therefore needed. In medicine the most commonly used thesaurus is MeSH (Medical Subject Headings) which is published annually in several versions but many libraries use the Library of Congress'List of Subject Headings. As with names one needs authorities in subjects too. Some libraries use the printed alphabetical MeSH (the annual black and white version published with the January issue of Index Medicus) as their "subject authority file" and expect users to consult it to find "see", "see under" and "see related" cross references. Others make such references themselves and file these in the catalogue.

Most medical libraries can use MeSH alone because, though non-medical subjects are not well covered in MeSH, it is possible to assign an acceptable general heading. For example, Bears" is not a MeSH heading and items about "bears" must be put under "carnivora". "Carnivora" may be suitable for a medical library; it would not be acceptable in zoology one! If MeSH does not meet the legitimate needs of the library users it becomes necessary to add additional headings, such as those in the LC List of Subject Headings or those taken from a more specialized list of medical headings designed for use with specialized collections. If MeSH needs to be augmented by other terms it is necessary to ensure that they are controlled by "authorities" in much the way names are.

Though all libraries will, on occasion, have to catalogue items "originally" this is an expensive proposition and it is thus beneficial to "copy catalogue" using another library's cataloguing. In the past the practice of copy cataloguing involved checking the printed catalogues of other libraries and retyping or photographing the information. Then came the possibility of ordering cards (or card sets) from either the Library of Congress or a commerical supplier. Libraries which have access to MEDLINE can also access CATLINE which contains citations for all NLM current cataloguing,and now also contains the over 350,000 NLM retrospective records for material catalogued before 1965. This rich data base is used to produce the NLM's printed and microfiche catalogues. CATLINE is updated weekly and the weekly Current Catalog Proof Sheets (distributed by the Medical Library Association) contain new cataloguing from the previous week.

The availability of such rich sources of cataloguing copy is a great help in reducing the volume of original cataloguing required and has led to the development of on-line bibliographic utilities. Such as OCLC (Online Computer Library Center Inc.) and RLIN (Research Libraries Information Network) in the United States and UTLAS (formerly the University of Toronto Library Automation System) in Canada. These utilities try to make available as rich a source of cataloguing data as possible. The UTLAS data base includes the full CATLINE data as well as Library of Congress and British Library cataloguing and the original cataloguing contributed by the users of the system.In addition UTLAS has mounted CANMARC data which includes most Canadian cataloguing from the National Library of Canada. As of July 1982 the UTLAS data base contained over 6 million unique records and records were being added at the rate of over 80 thousand a month. These bibliographic utilities not only give access to the cataloguing data but also offer services to produce custom designed catalogue card sets or COM (Computer Output Microform) catalogues. In addition the utilities can produce lists of recent acquisitions, subject bibliographies and even spine and book card labels.

This ready availability of cataloguing copy and the associated products is, however,coupled with the need for special training to make full use of it. As a result there has been the recent development of "brokers" who sell cataloguing services to libraries. These brokers use one of the large bibliographic utilities and can provide products (cards, microfiche catalogues, acquisitions lists, etc.) for customers whose volume of work would not justify purchasing a terminal and training staff. A Canadian company which uses the CATSS cataloguing services of UTLAS and extends service to health science libraries is Elizabeth McRae Associates in Toronto.(18 Glen Morris Street, Toronto, M5S 1J1)

Once a library has its data in machine readable form it is possible for this data to be "manipulated" in a number of ways not easily possible using cards. For example it would be possible to search the data base and identify all the books in the library which were published in Canada or those in Spanish. Furthermore the creation of a data base allows the library the option of having an on-line catalogue or one in which information concerning material on loan and on-order is available during one normal catalogue search the: - "integrated library system".

REFERENCES

There are any number of "how to" books on cataloguing and classifying available, among them are:

Chan, L.M. Cataloguing and classification: an introduction. New York: McGraw - Hill, 1981.

Chapman, L. How to catalogue. London: Bingley, 1984

Many general library handbooks give useful advice on cataloguing; suggested readings are:

Handbook of medical library practice. 4th ed. vol. 2, Darling, L. ed. Chicago: Medical Library Association, 1983. (Especially chapters 5, 6 and 7).

Hospital library management. Bradley J. ed. Chicago: Medical Library Association, 1983. (Especially chapter 5)

Greenwood,Jan., A Health Sciences Library Basic Manual. 2nd ed. Toronto: Ontario Medical Association, 1982.

Those interested in further details on the service offered by the bibligraphic utilities should read:

Matthews, J.R. The four bibliographic utilities: a comparison. Library Technology Reports 15, Nov./Dec. 1979 pp. 665-838.

Further information on the services available from the bibliographic utilities and their costs can be obtained from the utilities; the address of those most likely to be of interest to health librarians are:

UTLAS Inc., 80 Bloor Street West, Toronto, Ontario M5S 2V1

OCLC Inc., 6565 Frantz Road, Dublin, Ohio 43221

All health libraries should have the three versions of MeSH, these are:

National Library of Medicine. Medical subject headings (MeSH). Bethesda, MD: National Library of Medicine, 1960. Annual. Also issued as Part 2 of January Index Medicus and includes Tree Structures.

National Library of Medicine. Medical subject headings, annotated alphabetic list. Springfield, VA: National Technical Information Service. Annual.

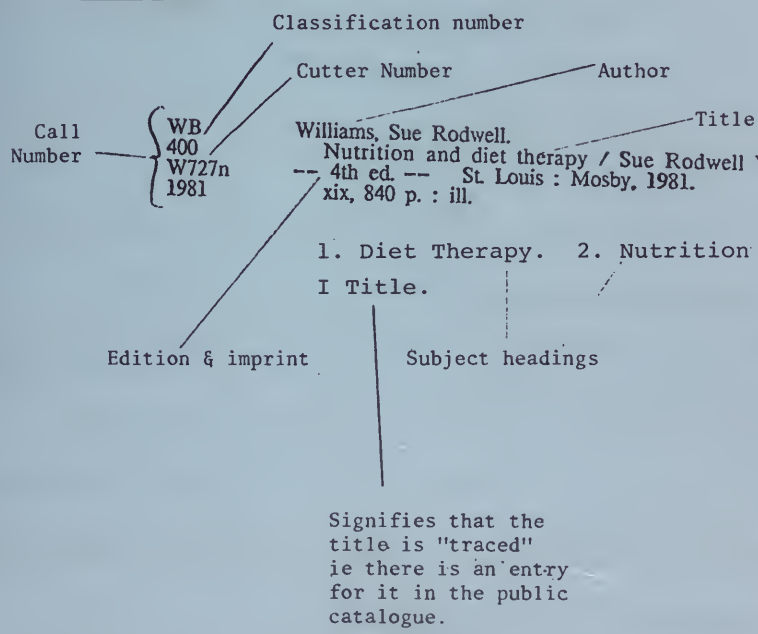
National Library of Medicine. Medical subject headings tree structures. Springfield, VA: National Technical Information Service. Annual.

In addition all health libraries should have: National Library of Medicine classification, 4th ed. rev. Bethesda, MD.: National Library of Medicine, 1981.

To keep up-to-date with changes to both cataloguing practice and the NLM classification scheme libraries should consult:

Notes for medical cataloguers. In: National Library of Medicine Current Catalog (quarterly) Washington, D.C.: Government Printing Office, 1981 - . Cummulated annually since 1982 by the National Technical Information Service, Springfield, VA.

EXAMPLE



National Library of Canada | Bibliothèque nationale du Canada

These bibliographies are available free from the Library Documentation Centre.

LIBRARY DOCUMENTATION CENTRE

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(1982/83 entries are marked by *)

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Marketing: selected references. Compiled by C. Robertson. 1981. 2 p.

Canada

Recent developments in interlibrary loans: a select bibliography covering materials issued since 1978. Compiled by H. Ozaki with the collaboration of J. Cournoyer-Farley, Computer Based Reference Service. Oct. 1981. 10 p.

*Recent trends in budgeting techniques for libraries: selected references. Compiled by H. Ozaki. Aug. 1983. 4 p.

The Role of professional and non-professional staff in libraries, with an emphasis on the division of their duties in the cataloguing unit: a select bibliography. Compiled by H. Ozaki. July 1981. 4 p.

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Videotex: a selective bibliography for librarians. Compiled by D. Robinson. May 1981. 12 p.

Weeding: a selective bibliography. Compiled by C. Robertson. Mar. 1980. 7 p.

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*Canadian library/information science research projects: a list, 1981/82. Prepared by B. Anderson. June 1982. 16 p.

*Canadian library/information science research projects: a list, 1982/83. Prepared by C. Robertson and B. Anderson. June 1983. 20 p.

*Guide to provincial library agencies in Canada. Prepared by C. Robertson. 1983. 16 p.

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1971 Fraser, R.D. Canadian hospital costs and efficiency. Economic Council of Canada, Ottawa.

1972 Health care in Nova Scotia: a new direction for the seventies. Report of the Nova Scotia Council of Health, and supplementary reports. Queen's Printer, Halifax.

White paper on health policy. Report of the Cabinet Committee on Health Education and Social Policy, and appendices. Government of Manitoba, Winnipeg. S.A. Miller, Chairman.

1973 The Community health centre in Canada. Report of the Community Health Centre Project to the Conference of Ministers of Health. 3v. Information Canada, Ottawa. John E.F. Hastings, Chairman.

Health security for British Columbians. Report to the Minister of Health of the Province of British Columbia by Richard G. Foulkes. 2v. Queen's Printer, Victoria.

Pickering, Edward A. Special study regarding the medical profession in Ontario. A report to the Ontario Medical Association. Ontario Medical Association, Toronto.

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The Editors are aware that this bibliography of "health related Canadiana" from 1960 to date is incomplete. We hope to improve it in the revised edition to be published in late 1984. Your help would be much appreciated. Our addresses are given inside the cover of Canhealth.

CORRECTIONS AND ADDITIONS TO CANHEALTH

The Editors are grateful to members for corrections and suggestions and will make every effort to reduce the errors in the revised edition due to be published late in 1984 or early in 1985. This will be published as the first CHLA/ABSC Occasional Paper.

The following corrections should be made now:

Resource Libraries (CANHEALTH #3 p. 27 - 29)

History of Medicine add:

The Charles Woodward Memorial Room
Woodward Library
University of British Columbia
2198 Health Sciences Mall
Vancouver, B.C. V6T 1W5

Prevention of Handicaps change to:

Information Service
Saskatchewan Institute on Prevention of Handicaps
Box 81, University Hospital
Saskatoon, Sask. S7N 0X0
(306) 343-3638

Medical School Libraries change the University of Ottawa entry to:

Health Sciences Library
University of Ottawa
451 Smyth Road
Ottawa, Ontairo K1H 8M5

Veterinary and comparative medicine add:

Veterinary Medical Library
University of Saskatchewan
Saskatoon, Saskatchewan
S7N 0W0
(306) 343-3249

Bibliotheque de medecine veterinaire
Universite de Montreal
CP 5000
St. Hyacinthe, Quebec
J2S 7C6
(514) 773-8521

Veterinary Science Section
Library, University of Guelph
Guelph, Ontario
NIG 2W1
(519) 824-4120

Canadian Biomedical Reference Tools (CANHEALTH #5)

PAGE 11. The publication Medical Practice in Canada is in English only but there is a separate French version (l'exercise de la medecine au Canada). The correct publisher is :

Council on Medical Education
Canadian Medical Association
P.O. Box 8650
Ottawa, Ontario
KIG 0G8
(613) 731-9331

PAGE 13. The second edition of A Health Sciences Library Basic Manual was edited by Jan Greenwood assisted by Geraldine Hughes and Margaret Y. Walshe. The description given in CANHEALTH is of the 1972 edition.

Further corrections or suggestions for improvement should be sent to either:

David S. Crawford
Medical Library
3655 Drummond Street
Montreal, Quebec
H3G 1Y6

Mrs. M.A. Flower
Terrace House
Cartwright Point
Kingston,Ontario
K7K 5E2

CHLA / ABSC ACHIEVEMENT AWARDS

Barbara Greeniaus

At the Board Meeting of February 9-10, 1984, we approved the following guidelines and criteria for the Award of Outstanding Achievement and for Honorary Life Membership. Those of you who are familiar with the M.L.A. awards will recognize that our criteria were designed with benefit of the experience of our American colleagues. Babs Flower and Eileen Bradley are our first two Honorary Life Members; to date, we have no nominations for the Award of Outstanding Achievement. Although we will not be making any presentations in Toronto this June, I hope that we will have some candidates for these honors at our meeting in Calgary in 1985.

CRITERIA FOR AWARD OF OUTSTANDING ACHIEVEMENT

To be eligible for the Award of Outstanding Achievement, a candidate must have made a significant contribution to the field of health sciences librarianship in Canada. The candidate's contribution must be of more than passing importance, interest, or local advancement. In addition, the candidate must fulfill at least one of the following:

1. Be currently registered as a member of the Association, or
2. Be currently employed as health sciences librarian, or
3. Have been a health sciences librarian for part of a currently active career, or
4. Currently teach a formal course in health sciences librarianship, or have taught and made a significant contribution to the development of health sciences curricula.

GUIDELINES FOR ACCORDANCE OF THE AWARD OF OUTSTANDING ACHIEVEMENT

1. All nominations must be made, in writing, to the Board, and must provide specific examples of the nominee's contributions to the field of Canadian health sciences librarianship. A curriculum vitae, including publications of the candidate, should be included.
2. Nominations will be considered by all voting members of the Board, at the third (Winter) meeting each year. A successful candidate must win a minimum of four (4) favorable votes.
3. When no nominations are brought forward and/or when no candidates are successful, no presentation will be made in that year.
4. The presentation(s) of the Award(s) for Outstanding Achievement will be made, by the presiding Chairman, at the Annual conference.

CRITERIA FOR HONORARY LIFE MEMBERSHIP

To be eligible for Honorary Life Membership in the CHLA/ABSC, a candidate must have played an active role in the affairs of the Association, and fulfill the following:

1. Be at or near the close of an active career in health sciences librarianship.

2. Hold a regular membership at the time of the nomination.

3. Have made a significant contribution to the advancement of the purposes of the Association.

GUIDELINES FOR ACCORDANCE OF HONORARY LIFE MEMBERSHIP

1. All nominations must be made, in writing, to the Board. A curriculum vitae and a statement of the candidate's contributions to, and activities within, the Association must be included.

2. Nominations will be considered by all voting members of the board at the third (winter) meeting each year. A successful candidate must win a minimum of four (4) favorable votes.

3. When no nominations are brought forward and/or when no candidates are successful, no presentation will be made in that year.

4. The accordance of Honorary Life Membership will be made, by the presiding Chairman, at the Annual General Meeting.

* * * * *

HEALTH LIBRARIES ASSOCIATION OF B.C.

Submitted by: Diana Kent,
President, HLABC

In spite of another year of financial cutbacks and restraint, membership in Health Libraries Association of B.C. has been maintained at 54. There are 48 members in Vancouver and environs, four in Victoria and two in the interior of the Province.

Vancouver was host to the Pacific Northwest Chapter/Medical Library Association Annual General Meeting, October 13th-15th. A total of 108 Librarians attended from Alaska, Alberta, Washington, Oregon, Montana, Idaho and British Columbia. HLABC helped fund a reception at the Vancouver Aquarium, and many HLABC members assisted with planning, registration and the programme.

The HLABC Newsletter changed its title to the HLABC Forum and acquired two co-editors.

The Health Education Committee (Chair Patricia Lysyk) is working on updating, by Autumn 1984, its publication Consumer Health: a selected list which was produced and distributed to all public libraries in B.C. in October, 1982. The list was also published in Bibliotheca Medica Canadiana Vol. 5(2) 1983.

The Union List of Serials Committee (Chair David Noble) last summer surveyed 27 health-related hospital, special, government and public libraries in B.C. about their participation in the Union List project; 92 per cent responded affirmatively so HLABC will proceed with the project. The Committee is now investigating various production methods and costs. The next step will be to determine the scope of inclusions in the list and to obtain financing.

HLABC usually holds four general meetings per year. At the September meeting, several members reported on conferences and meetings that they had attended over the summer. Dr. J. Neidhardt was the guest speaker at the December meeting. His subject was "stress management", a pertinent topic considering the unsettled times in B.C. and the Christmas season. The speaker at the March meeting was Ms. Lee McCarvill of the Healthmedia Centre, University of B.C. Her subject was "health sciences audiovisual sources and uses in B.C."

Nominations have not been made yet for the new Executive positions for 1984/85. The full list of new officers will be submitted after the Annual General Meeting in June. The incoming President is last year's President-Elect, Cathy Rayment, of the Vancouver Health Department Library.

* * * * *

NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION

Submitted by: Ann Manning

Chapter membership is limited, and it is difficult to find candidates for office, and to generate sufficient enthusiasm for meetings or projects. There have been two business meetings during the year, at which the future of the Chapter was discussed.

On a brighter note, the Hospital Libraries Directory of the Maritime Provinces was completed and distributed to the contributing institutions. Remaining copies are selling slowly. NSHLA is grateful for the funding provided by CHLA for this project.

Tentative plans have been formulated for a workshop to be held in August at the Saint John Regional Hospital. We hope that this will provide a higher profile for the Chapter and ideas for new directions. We do have some members from each of the three Maritime Provinces, and a New Brunswick workshop is seen as a way of obtaining input from those outside the Halifax-Dartmouth area. If the Chapter is to continue with an expanded focus, we should consider changing the name from N. S. to Maritimes Health Libraries Association.

Officers for the year have been:

Ann Manning, Kellogg Library, President
Tricia MacNeil-Maxwell, Nova Scotia Commission on Drug Dependency, Secretary
Elizabeth Foy, Kellogg Library (Pharmacy), Treasurer

* * * * *

TORONTO HEALTH LIBRARIES ASSOCIATION

Submitted by: Elizabeth Uleryk
President, THLA

The Toronto Health Libraries Association (THLA) has had a very busy year with an increase in memberships and a newly revised constitution.

This year we have achieved an all time high membership of 140. Our members range from the Toronto area to Hamilton, London and Orillia. We have averaged 65 members per meeting which attests to the interest and enthusiasm of our group.

In October, our chapter hosted the MLA/UNYOC meeting. Our members were very busy with the conference and local arrangements. A second group is equally busy with the CHLA annual meeting arrangements. We look forward to seeing you in June.

Our computerized Union List has met with some unforeseen delays but should be ready for distribution by May. The Standing Committee will continue working on the list as revisions are required.

The Constitution Committee completed its work in August. The results of their hard work are a name change for the Chapter and a detailed revision which clearly states our purposes, principles and laws.

Our October meeting was held at Women's College Hospital with guest speaker Françoise Hébert, Executive Director - National Libraries Divison of the CNIB. Her topic was copyright which we all found very interesting and timely. The annual Christmas party was held at the Staff House of the Ontario Cancer Institute. Once again we raffled off a complimentary ticket to our Annual General Meeting. In January we visited the UTLAS facilities. Brian Morrell, Manager of Special Libraries, described UTLAS services available and we then toured the computer facilities and watched on line demonstrations of the system. Our March meeting was in a lighter vein. The guest speaker was Camilla Gryski, author of Catscradle, a book about handstring games. Mrs. Gryski provides library services to patients at the Hospital For Sick Children. She described her service and then managed to teach us a few string games. Our Annual General Meeting is scheduled for early May when our guest speaker will be Mary Browne from the Ontario Film Censorship Board.

I would like to thank this year's Executive for their hard work and support. I wish the new Executive and our President Elect Jan Greenwood an equally productive and active year. To our 140 members, welcome once again to the Chapter. Your enthusiasm and support of various committees and work for this year's conference is very much appreciated. I hope your turnout at meetings will continue in the coming year along with your many good suggestions.

* * * * *

REPORT OF THE HSRC ADVISORY COMMITTEE

Submitted by: J. Claire Callaghan, Member

The 11th HSRC Advisory Committee meeting was held at CISTI on November 28, 1983. Present were:

Eve-Marie Lacroix, Acting in Elmer Smith's place
Marilyn Schafer
Bernard Bedard, Chair (ASTED)
Dorothy Fitzgerald (CHLA)
Kathy Eagleton (CHLA)
Andras Kirchner (ACMC)
Claire Callaghan (CHLA)

The major items of interest discussed were: interlibrary loan activity at CISTI, core lists, MEDLINE training and the idea of contracting out MEDLINE training. M. Schafer is presently drafting a report on the latter and a plan will be developed within the next few months.

The Directory of Canadian Health Associations was let to Action Information Resources Management, Victoria, B.C. in January. It will be completed in camera-ready copy by May and will be printed and distributed by late summer.

An introductory MEDLINE training course will be held at the Faculty of Library and Information Science, University of Toronto, just prior to the CHLA Conference in Toronto. Enrollment will be limited to no more than 15 and registrants outside of the Toronto, Ottawa and Montréal areas will be given first preference.

As of April 1, 1984, Dorothy Fitzgerald will be the Chair, HSRC Advisory Committee. Kathy Eagleton will be off the committee as of March 31, 1984. CHLA's Board of Directors have suggested a few names to Elmer Smith. It is hoped that a hospital or special librarian will be considered.

The overall feeling is that HSRC is anxious to hear about the feelings of all the CHLA librarians about their service and they are willing to make positive changes if so required.

* * * * *

REPORT OF THE NOMINATING COMMITTEE

Submitted by: Ann Manning

There are two vacancies to be filled in the 1984 CHLA elections: one to replace Sandra Langlands, and for the New Vice-President/President Elect.

We have three candidates for Director:

Linda Harvey
Wendy Patrick
Hanna Waluzyniec

For Vice-President/President-Elect there are two:

Dallas Bagby
Diana Kent

Ballots were mailed in late March with return stipulated by May 4th.

* * * * *

CE COMMITTEE REQUIRES NEW MEMBERS

The Continuing Education Committee of CHLA/ABSC is looking for new members. Would anyone interested in joining this committee for the 1984-86 term of office, please contact Mary Conchelos at the address below. We would also like to hear from any CHLA/ABSC members who would be interested in teaching and/or developing CE courses. We are especially hoping that some of the CE 626 graduates will be interested in teaching courses for us. Please contact:

Mary Conchelos
Chair, CHLA/ABSC Continuing Education
Committee
c/o Science & Medicine Library
University of Toronto
7 King's College Circle
TORONTO, Ontario M5S 1A5

(416) 978-8619

* * * * *

'84 CONGRÈS DE L'ABSC

Voici la dernière lettre de rappel d'envoyer votre application d'inscription pour la 8e Conférence CHLA Annuelle ici a Toronto! Comme vous voyez de la littérature inclue avec le paquet d'inscription, il y a nombreux événements culturels pendant la semaine du 2 au 6 juin auquels vous voudriez assister. Toronto sera vivant de musique!

Si, pour une raison ou autre, vous n'avez pas reçu un paquet d'inscription et vous voudriez assister à la Conférence, contactez s'il vous plait:

Linda McFarlane
Health Sciences Library
Sunnybrook Medical Centre
2075 Bayview Avenue
TORONTO, Ontario
M4W 3M5
(416) 486-3880

'84 CHLA CONFERENCE

This will be the last reminder to send in your registration form for the 8th Annual CHLA Conference here in Toronto! As you can see from the literature enclosed with the registration package, there are many cultured events during the week of June 2-6 which you may wish to attend. Toronto will be alive with music!

If, for some reason, you did not receive a registration package and would love to attend the Conference, please contact:

Linda McFarlane
Health Sciences Library
Sunnybrook Medical Centre
2075 Bayview Avenue
TORONTO, Ontario
M4W 3M5
(416) 486-3880

* * * * *

5TH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP (ICML)

TOKYO, SEPT. 30 - OCT. 4, 1985

THEME: MEDICAL LIBRARIES - ONE WORLD RESOURCES, COOPERATION, SERVICES

A Message from I.H. Pizer, Chairman of the IOC

I am delighted to greet you on behalf of the International Organizing Committee. Excitement is mounting as the date of the 5th ICML draws closer, and we hope that you are making plans to attend what promises to be a most productive congress.

Plans are well underway for the program, and a large number of papers have been submitted to the Program Committee in preliminary outline. The Program Committee will be meeting in Geneva, Switzerland on July 3 and 4, 1984 to review the paper abstracts and make final selections and assignments to topical sessions.

Registrants for the Congress will receive a book of abstracts of the papers to be presented at the Congress which will be mailed to them in advance of the meeting (if registration forms are submitted according to the schedule set by the local organizing committee). This volume will help them plan their Congress schedule so that they can hear as many papers as possible. Contributed papers will be presented at concurrent sessions, so advance planning by attendees will be most helpful. Because of the number of papers to be given, and because the International Organizing Committee wished to offer as many authors as possible the opportunity of participating in the Congress, it has been necessary to organize the paper sessions in this way.

Plans are well underway for a post-Congress tour of China and Chinese medical facilities and libraries as well as providing sightseeing opportunities. Detailed information on this tour, which is being organized by the IFLA Section of Biological and Medical Sciences Libraries, will be available in May, 1984. It will be possible for persons interested in this tour package to join the group for the post-Congress Chinese portion which will leave Tokyo on October 5, 1985 and will end in Hong Kong on October 17. Further information on the China tour can be obtained by writing to:

Irwin H. Pizer,
Chairman 5ICML,
Library of the Health Sciences,
P.O. Box 7509,
CHICAGO, Illinois.
60680 U.S.A.

Present indications of interest in the Congress suggest that it will be attended by delegates from many countries and will provide unique opportunities for exchange of information, and for meeting colleagues from many cultures. We hope that you share our enthusiasm for this forthcoming event, and we look forward to seeing you in Tokyo.

* * * * *

FAST INTERLIBRARY LOANS AND STATISTICS (FILLS)

* developed for the IBM-PC by Jim Hees, a Systems Analyst and Rya Ben-Shir, MLS

* designed to print on the A.L.A. approved 4-part continuous pin-fed interlibrary loan forms rapidly

* produces lists of journals borrowed alphabetically, assigning each a number, so that the next time you want to borrow it, you simply type in the journal's name and F.I.L.L.S. will print out the title on the form, as saved

* produces lists of libraries you have borrowed from, alphabetically, assigning each a number, so that the next time you want to borrow from it, you can simply type in the library's number and F.I.L.L.S. will print out the complete address on the form, as saved

* saved records may be edited or added to the libraries and journal files as necessary

* produces statistical reports for journal usage alphabetically or in order of most frequently borrowed; which libraries borrowed from alphabetically or in order of frequency and the amount of time (average, and range) it takes to receive an item from each individual library

* is used by the IBM-PC, without a costly database management system software

* is user friendly, menu driven and has the A.L.A.I.L.L. form on the screen as it being filled and saved

* geared to the net borrower's needs, especially the small (even one person) library

* scheduled to be available in Spring 1984

* requires a 64K IBM-PC with 2 disc drive

* will support most printers including NEC, IDS, Epson, which are capable of printing 10 characters per inch

For more information, contact:

Rya Ben-Shir, MLS
Health Sciences Resource Center
MacNeal Memorial Hospital
3249 South Oak Park Avenue
Berwyn, Illinois 60402
Telephone (312) 795-3089

* * * * *

OSLER FELLOWSHIP PROGRAM ANNOUNCED

The Osler Library announces a Fellowship Program for historians, physicians, and students conducting research in the history of medicine and for directors of medical libraries having budgetary responsibility for a history of medicine collection. The Fellowships are intended to serve scholars and librarians who need to establish temporary residence in Montréal in order to undertake research in the Osler Library.

For historians, physicians, and students, applications will be judged on the merit of the applicant's previous research in the history of medicine, the cogency of the plan for the proposed research to be undertaken in the Osler Library, and the appropriateness of the holdings of the Osler Library to that research. For medical librarians, fellowships will be awarded on the cogency and relevance of research projects dealing with historical-medical librarianship.

Fellowships for historians and physicians may be held for one month between January and December 1985. Fellowships held by directors of medical libraries are also for a month but must be taken up in April of 1985 in order to coincide with the annual meeting of the Osler Library's Board of Curators. Stipends to a maximum of $1,000 will be awarded to help defray expenses incurred while travelling to and living in Montréal.

The Osler Fellowships for 1985 are made possible by gifts from Dr. Harold N. Segall, the Friends of the Osler Library, and an anonymous donor.

Established in 1929 by McGill University upon the bequest of Sir William Osler, the Osler Library's manuscripts and 35,000 printed books relate to the study of the history of medicine in all its forms. Specific information about the holdings of the Library may be found in Bibliotheca Osleriana (1929), the Osler Library Newsletter (1969), The Osler Library (1979), or by writing to the Osler Librarian.

Prospective applicants may contact:

Philip M. Teigen,
Osler Librarian,
3655 Drummond Street,
MONTREAL, Québec.
H3G 1Y6.

Applications are due to be returned before 1 October, 1984.

* * * * *

U.S. HOSPITAL LIBRARIES AND MEDICARE :

A STATEMENT FROM THE MEDICAL LIBRARY ASSOCIATION

The Medical Library Association (MLA) strenuously objects to the Health Care Financing Administration's (HCFA's) draft rule change which would delete the requirement for a medical library from the Conditions of Hospital Participation in Medicare and Medicaid. The draft revisions, currently under review by HHS Secretary Margaret Heckler, fail to respond to numerous letters from health practitioners and librarians to the HCFA urging that the medical library condition be revised but not deleted.

The Association agrees that the regulations, which have not been revised since 1966, should be updated: they currently require the hospital to maintain a medical library containing modern textbooks, journals, and periodicals. Newer electronic methods for handling information and cooperative arrangements among libraries have altered the need for extensive library collections, particularly in small community hospitals. MLA strongly urges that the regulations be modified to require that the hospital provide access to library and information services to meet the informational, education, and research needs of the hospital staff. Such a revision responds to the government's objective of providing greater flexibility to hospitals while insuring that health practitioners will have access to information services.

Quality health care is unquestionably linked to well-informed health practitioners. Information supplied to health care personnel can, in fact, contribute to cost savings by reducing personnel time and avoiding costly duplications of efforts. MLA urges that the need for hospital library services be recognized in a decision to revise rather than remove the medical library requirement.

* * * * *

PEOPLE ON THE MOVE

ELIZABETH ULERYK has resigned her position as Head of Reference and Circulation Librarian at the Health Sciences Library, McMaster University.

SYLVIA CHETNER was appointed Acting Head of the University of Alberta's Health Sciences Library, effective October 1983.

Toronto Health Libraries Association lost a long time member this past summer. LUCILLE LAVERY of Connaught Laboratories passed away after a long illness. She will be missed both at our meeting and from the profession and for the courteous service she provided.

* * * * *

NEWS FROM THE CANADIAN FAMILY PHYSICIANS COLLEGE (CFPC)

The Board resolved that the CFPC would provide financial support for the first two issues of the Family Medicine Literature Index during 1984, and that by 30 June 1984, a decision would be reached as to whether or not the CFPC can continue to provide support.

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NEW PUBLICATIONS

INTERNATIONAL CLEARINGHOUSE FOR BIRTH DEFECTS MONITORING SYSTEMS

1982 ANNUAL REPORT

This report contains final information on total births and on infants with selected congenital malformations for 1982 from 22 participating programs including Canada. The ICBDMS was founded in 1974 with the help of the March of Dimes Birth Defects Foundation as an association of programs engaged in congenital birth defects surveillance.

The 1982 Report will be available in June, 1984. To obtain a copy, send a cheque or money order payable to the International Clearinghouse for Birth Defects for $5.00 U.S. - $6.25 CDN to:

Dr. G.J. Sherman,
Non-Communicable Disease Division,
Bureau of Epidemiology,
Room 41
LCDC Building,
Tunney's Pasture,
OTTAWA, Ontario,
K1A OL2.

MEDICAL OFFICE MANAGEMENT: A SELECTIVE BIBLIOGRAPHY

Published in April, 1984.
A limited number of copies are available to libraries by contacting:

Ontario Medical Association Library
240 St. George Street
TORONTO, Ontario
M5R 2P4

CHAPTER NEWS - TORONTO

Toronto Health Libraries Association (THLA) revised its constitution in October 1983. We are no longer known as Toronto Medical Libraries Group.

Sudi Sedani formerly of the Science and Medicine Library of the University of Toronto is now working as the Online Services Coordinator at Rush University's Health Sciences Library in Chicago.

THLA is experiencing a mini baby boom this year. The new parents are:

Richard and Elizabeth Uleryk (McMaster University), a son, Michael Richard, born on October 8, 1983.

Stephen and Jenny O'Grady (University of Toronto), a son, James Francis, born on December 1, 1983.

Don and Verla Empey (Wellesley Hospital), a son, David Alan Clemens, born on December 3, 1983.

Jim Melvin and Sandra Langlands (University of Toronto), a daughter, Laura Mackenzie born on December 29, 1983.

* * * * *

CANADIAN ELECTED TO MLA BOARD

Mrs. FRANCES GROEN, Life Sciences Area Librarian at McGill University has recently been elected to the Medical Library Association's Board of Director. Congratulations, FRAN!

* * * * *

CORRECTIONS

MEDLINE COURSE

Submitted by: Suzanne Miranda, CISTI

The Health Sciences Resource Centre, CISTI advises that the Introductory course to be give in conjunction with the CHLA Annual Meeting in Toronto will be held from May 31st to June 2nd. Like all introductory level courses, this will be three days. The dates published in the BMC V.5 #4 incorrectly stated May 30th to June 2nd.

As a reminder, please note tht priority for registration will be given to attendees from outside the Ottawa - Montreal - Toronto area.

MEDLINE AND IDIS

In the recently published article, (BMC V.5 #4 1983 pp. 125-127) Verona Hall & Liz Foy advise that there was an error in the description of the MEDLINE file, concerning its updating frequency. (p. 125, para. 4). Please note that the online MeSH file is updated twice a week, not monthly as previously stated.

* * * * *

MEA CULPA !

IN BMC V. 5 # 3, 1983, ELIZABETH REID PUBLISHED AN EXCELLENT REPORT ON THE JOB CLASSIFICATION COMMITTEE'S WORK. THROUGH AN OVERSIGHT ON THE PART OF THE EDITORS, THE BIBLIOGRAPHY MENTIONED IN THAT ARTICLE WAS NOT PRINTED. HERE IT IS AT LONG LAST!

SINCERE APOLOGIES TO BMC'S READERS AND, IN PARTICULAR, TO ELIZABETH REID AND COMMITTEE MEMBERS.

The following selective bibliography contains "how to" articles on job descriptions plus articles about job descriptions and their importance in personnnel management:

American Library Association. American College of Research Libraries. College Library Section. Continuing Education Committee. Job Descriptions. Chicago, 1981.

American Library Association. Library Administration Division. Job Description Kit. Chicago, 1971.

Berenson, C, Ruhnke, HO. Job descriptions: how to write and use them. Swarthmore, Pa: Personnel Journal, 1969.

Canada. Treasury Board. Job description guide for the public service of Canada. Ottawa, 1975.

Canadian Association of College and University Libraries. Position classification and principles of academic status in Canadian university libraries. Ottawa: Canadian Library Association, 1969.

Canelas, DB. Position classification in libraries and an introduction to the library education and personnel utilization policy. Chicago: American Library Association, 1977.

Crowe, WJ. A select bibliograpy of materials relating to position classification in libraries. Chicago: American Library Association, 1977.

Evered, J. How to write a good job description. Superv Manage 1981 Apr; 26:1409.

Foss, P. General principles of position classification. Chicago: American Library Association, 1977.

Frayling, M. Writing your own job descriptions. Ottawa: Canada Dept. Manpower and Immigration, Staff Training and Development Branch, 1974. (see also Writing job specifications, and Organizational charts, issued by the Ministry)

Henderson, RI. Job descriptions -- critical documents, versatile tools. New York: AMA COM, 1976. (also published in Superv Manage 1975 Nov;20:2-10; 1975 Dec;20:15-24; 1976 Jan;21:26-34; 1976 Feb;21:12-21; 1976 Mar;21:27-34)

Ivantcho, B. Position descriptions in special libraries; a collection of examples. New York: Special Libraries Association, 1983.

Job descriptions. In: Metzger, N. Personnel administration in the health services industry. 2nd ed. New York: SP Medical & Scientific Books, 1979:44-51.

Klinger, DE. Job descriptions: new uses for a familiar tool. Law Lib J 1979 Wint;72:65-67.

Murphy, FD. Model job descriptions for hospitals. Boston: G.K. Hal, 1981. (note: no entry for library; format useful guide)

Noble, V. Management workshop I: job descriptions and performance standards. In: Caputo Glosurdo, JS., ed. Library Management, volume 1. New York: Special Libraries Association, 1980:1-29.

Ontario. Ministry of Inter-governmental Affairs. Local Government Division. Job descriptions: make them simple and useful. Toronto, 1979.

Sergean, R, McKay, JR. The description and classification of jobs in librarianship and information work. Lib Assoc Rec 1974 Jun;76:112-5.

Stessin, L, Heyel, C. The encyclopedia of managerial job descriptions. Plainview, N.Y.: Business Research Publications, 1979.

Treiman, DJ. Job evaluation: an analytical review. Washington, D.C.: National Academy of Sciences, 1979.

U.S. Training and Employment Service. Job descriptions and organizational analysis for hospitals and health related services. Rev. ed. Washington, D.G.: USGPO, 1971.

University of Denver. Graduate School of Librarianship. Institute for Utilization of Library Manpower. Library job descriptions. 1971. (ERIC publication)

Wilkinson, J, Plato, K, Lee, R. A matrix approach to position classification. Coll Res Lib 1975 Sep;36:351-63.

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POSITIONS AVAILABLE

HEAD, HEALTH SCIENCES LIBRARY - MEMORIAL UNIVERSITY

The Faculty of Medicine, Memorial University of Newfoundland, invites applications for the position of Health Sciences Librarian.

The library is situated in the Health Sciences Centre, opened 1978. This latter houses the 350 bed General Hospital and its nursing school together with Memorial University medical and nursing schools.

The staff consists of four professional librarians and seventeen FTE support staff. The Librarian is a member of the Faculty of Medicine and reports jointly to the Dean of Medicine and the University Librarian.

Responsibilities of the post include preparation and allocation of budgets; developing collections and services; planning space utilization; promoting effective use of library resources; consultation with provincial hospital librarians and provision for province-wide health library services; training and development of staff. Applicants should have a background in the health sciences field, possess M.L.S. or equivalent from an accredited library school and a minimum of 3-5 years administrative library experience. A knowledge of computerized library systems is desirable. The salary is negotiable and commensurate with qualifications and experience. In accordance with Canadian immigration requirements this advertisement is directed to Canadian citizens and permanent residents. Applicants should send a curriculum vitae and names of three references to:

Dr. J.D.W. Tomlinson,
Chairman Search Committee,
Faculty of Medicine,
Health Sciences Centre,
St. John's, Newfoundland
Canada A1B 3V6.

The position is available immediately; the closing date for applications is June 30th 1984.

HEAD, HEALTH SCIENCES LIBRARY - UNIVERSITY OF ALBERTA

The University of Alberta Library invites applications for the position of Head, Health Sciences Library. Qualifications required include a degree in library science, significant administrative experience, and a background in health sciences.

Reporting directly to the Chief Librarian, the incumbent is responsible for operation and development of the Health Sciences Library with particular responsibility for planning, policy formulation, budget preparation and control, and staff development. Oversight of the collection development process and liaison with teaching departments is also involved. The Health Sciences Library will move into new quarters in the Health Sciences Centre in August 1984. At that time it is expected that the incumbent will supervise seven professional staff and fifteen support staff.

The position is classified at the Librarian 5 level, with a salary range of $42,644 to $52,528 (1983-84). The date of appointment is September 1, 1984. Applicants should send curriculum vitae, transcripts of academic records, and the names of three references to

Peter Freeman,
Chief Librarian,
University of Alberta,
Edmonton, Alberta
T6G 2J8.

Closing date is June 30, 1984. The University of Alberta is an equal opportunity employer.

* * * * *

BUREAU DE DIRECTION DE L'ABSC / CHLA BOARD OF DIRECTORS

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Director, Educational Resources NA.157
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* * * * *

PATTI-REAY STAHL
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V6Z 1X6

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BIBLIOTHECA MEDICA CANADIANA

VOLUME 6 NUMBER 1 1984 ISSN 0707 - 3674

BIBLIOTHECA MEDICA CANADIANA
VOL. 6, NO. 1 1984

The Bibliotheca Medica Canadiana is published 5 times per year by the Canadian Health Libraries Association. Opinions expressed herein are those of contributors and the editor and not the CHLA.

Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated helath library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

Editorial Address / Rédaction

Bibliotheca Medica Canadiana
c/o Mrs. Bonita A. Stableford
Chief, Library Services
Health Protection Branch
Health and Welfare Canada
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OTTAWA, Ontario K1A OL2

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K1A 5R1

Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliogrpahiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

The deadlines for submission of articles to V.6 are as follows:

6:2 August 31, 1984

6:3 November 2, 1984

6:4 January 11, 1985

6:5 March 29, 1985

Les dates limites pour des articles pour pour les envois à paraître:

6:2 31 août 1984

6:3 2 novembre 1984

6:4 11 janvier 1985

6:5 29 mars 1985

FROM THE EDITORS

Two years ago, while the Canadian team reached the summit of Everst, we grappled with producing our fist issue of BMC. In the intervening two years, CHLA has grown and changed. The association's journal has attempted to keep pace.

Beginning with this issue, there will be a section devoted to "News & Notes". By having a separate person specificially responsible for locating newsworthy items such as new publications, upcoming meetings or courses, news about individual members, etc., we hope to provide more information of this type to CHLA members. Brief newsworthy items such as these should be forwarded directly to:

Ms. Jackie MacDonald
W.K. Kellogg Health Sciences Library
Sir Charles Tupper Bld.,
Dalhousie University
Halifax, Nova Scotia B3H 4H7

Phone: (902) 424-2482
ENVOY: ILL. KELLOG

Articles should continue to be sent to the editorial address noted on "Information for Contributors".

Also, the term of office for BMC editors has been revised - - they will now be appointed in alternate years to allow for training and to provide continuity. Ms. Jan Greenwood (Ontario Medical Association Library) has been appointed as the new Assistant Editor for 1984/85; she will become Editor in July 1985 for a one year term. To establish the cycle, Bonnie Stableford will continue to assist Jan until next summer.

Before we turn the editorial red pen over to Jan, we owe heartfelt thanks to many people who assisted with BMC. To Marg Craig, Margery Gallinger and Francine Cyr, - - for their dilingent typing and good humour, even after the third draft. To Terry Chernis for her keen eagle's eye as proofreader. And most important of all, to all the authors and contributors who sent articles or news items, allowed themselves to be persuaded to write and helped us meet publishing deadlines.

Like those intrepid Everest mountaineers, we have acquired a few scratches along the way, but are richer for the experience. The continual enthusiasm and encouragement from BMC readers transformed tedious tasks to fun. We feel lucky to have so many of the Association's members as new-found friends!

* * * * * * *

Bonita Stableford
Editor

Deborah Baillie
Assistant Editor

LETTERS TO THE EDITORS

From: C. William Fraser,
Director,
British Columbia Medical Library
Service.

Congratulations to Andras Kirschner (BMC 1984; 5(5): 150-162) who has succeeded in re-inventing the Core List for the Small Hospital Library. The list produced certainly includes some good standard titles although one might feel that it is rather like diagnosis by computer - lacking in clinical judgement. For instance, would a small hospital not want something less expensive in immunology than Lachman & Peters at $195.00 U.S. or Samter and Alexander's 6-year old book at $110.00 U.S.? And does Mr. Kirschner really want to suggest that a small hospital choose either Novak's textbook of gynecology or Williams' Obstetrics?

My major concern is not so much with the list as it is with Mr. Kirschner's decision to use the B.C. Medical Library Service's list for review. Ours is the only one of the nine lists reviewed that is NOT a core list. As Mr. Kirschner very fairly points out, BCMLS "lists only the most current works [and] is intended primarily as a buying guide for British Columbia Hospital libraries and as a subject catalogue of some books which may be borrowed from the College library." For this reason the inclusion on our list of ISBN numbers, place of publication and second authors would serve no useful purpose. This is a list prepared for physicians, not for libraries.

Mr. Kirschner takes us to task for putting an asterisk beside the locally-produced book Prevention of Nuclear War stating that "this item does not belong to a small hospital library's core collection". Nobody is suggesting that it does. In the preface to our list the statement is made that "Starred items might be considered by hospital library committee chairmen for first purchase". Many of the library committee chairmen using the list are from hospitals that could not be considered "small", ranging from 150 beds to over 600. In any case their core collections are already in place. The list exposes them to a wider range of material available.

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From: Kathy Eagleton,
Brandon General Hospital Library Services

I noted with interest the survey of core lists by Andras K. Kirchner entitled "Selection guide for small hospital libraries" which appeared in BMC v. 5. no. 5, 1984.

What struck me about the bibliography was that it should be more properly entitled "Selection guide for small medical libraries", in that it barely touched on topics other than those of primary interest to physicians; in fact I found only hospitals and nursing titles.

In contrast, the Manitoba Health Libraries Association list, "Selected books & Journals for Manitoba health care facilities", 1981, contains a significant section on allied health material; because many of our hospitals have personal care homes attached,

another one on long term geriatric care. In these sections, we attempt to cover traditionally neglected areas such as central supply, infection control, disaster planning, governing board, housekeeping, inservice training, occupational and physiotherapy, patient advocacy, etc., etc., even libraries!

Despite what other professions think, hospitals are more than doctors (and nurses), and these team members deserve equal treatment.

MHLA started work on a revision of their list in 1983, but unfortunately had to suspend operations when the editor "left the service". It is hoped that this will be picked up again later this year.

Enquiries should be addressed to Hélène Proteau, Extension Librarian, University of Manitoba Medical Library.

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FROM THE PRESIDENT

David Crawford
President

While travelling to the recent CHLA/ABSC meeting in Toronto, I was flicking through one of the glossy airline magazines, and a cartoon caught my eye. It was a picture of a caveman looking at a large poster showing human evolution and an arrow saying "You are here" pointing to Neolithic Man. Since I was en route to the conference, having just attended the Medical Library Association's meeting in Denver, I immediately saw a parallel between this cartoon and the situation of Canadian health science librarians. Like the cave man we know where we are now and like the cartoonist, we know something of the future.

The future for Canadian health science librarians (or at least a possible future) can be seen in the United States. For better or worse, much of our information and information technology comes from the US and most of the data bases we use are produced there. MEDLINE and its associated files are a daily part of the lives of many of us and we are now seeing terminals in hospital libraries not as something avant garde but as a basic necessity. This trend was evident in the US at least five years before it became apparent here. One advantage of this time-lag is that it enables us to evaluate the success of an idea before we are either able to or allowed to implement it and this has allowed us to avoid rushing headlong into programmes which later prove to have limited value. One successful American programme which has been around for some years and is actively supported by the National Library of Medicine (NLM) is not, however, showing much sign of becoming "Canadianised". This programme is the resource sharing and grant awarding activities of the Regional Medical Library (RML) Program.

Many of the activities of the Regional Medical Libraries are probably not valid in the Canadian context, but the policy of trying to fill inter-library loan requests locally before going to the NLM or the Library of Congress is both time and cost saving. It is patently absurd to send a request to Ottawa from Vancouver (even by electronic mail) and have a photocopy sent back to Vancouver (even by bulk air freight), if the journal in question is held in a library down the street. The problem is in knowing what the library down the street owns and it is at this point that the union list of serials comes into the picture. Union lists were invented in Milan in 1859 and are now a common resource sharing tool for libraries. It is here we see a great difference between the American and the Canadian experiences with union lists of serials for health libraries.

In the United States, the National Biomedical Serials Database is produced by NLM using the SERLINE file as its base and adding to it all serial titles reported by the Regional Medical Libraries and by other health libraries within each region. These titles are reported in the "new" AACR 2, form of entry (what we used to know as "running title") and have full bibliographic descriptions. NLM is now working on a project (DOCLINE) which will allow ILL requests to be routed automatically to the nearest holding library with the minimum of effort. In Canada, we have two union lists of serials, one (the Union List of Scientific Serials in Canadian Libraries) produced by CISTI, the other (the List of Serials in the Social Sciences and Humanities held by Canadian Libraries) produced by the National Library. I am more familiar with the former but both appear to be similar and neither approaches the utility of their US counterpart. For a start, both Canadian lists continue to enter titles by the older cataloguing rules, though the AACR 2 was published in 1978 and was adopted by the National Library shortly afterwards. Since health libraries have traditionally used the now officially mandatory "running title" form of entry

the older corporate entry format may be more confusing to us than to other librarians - it certainly confuses me! The National Biomedical Serials Holding Database lists all titles reported by American health libraries; in Canada, the holdings of a library can be divided between the two union lists depending on whether they are "scientific" or not.

Another major difference is that the National Library of Medicine has assisted libraries in inputting local holdings information through Regional Medical Library Program funding and can easily and quickly produce a list of the titles reported by one library or group of libraries. In fact you can produce such lists yourself by using SERLINE. In Canada, CISTI can produce a listing of titles reported to the ULSSCL; but since these listing are not in the "running title" format commonly used in our libraries and cannot be produced in alphabetical order, they are of little use.

The Board of Directors of C.H.L.A. has become very aware of the need for local union lists in the health field as almost all our Chapters have produced or are producing lists and has become concerned not only by the proliferation of such lists but by the labour and time taken in their production. We are presently formulating a position paper on production and funding of local union lists and on our hopes for some modest programs in resource sharing by radical improvement of the mechanisms for reporting to the national union lists. We think it essential that libraries are encouraged to report their holdings and for them to be able to obtain lists by library or group of libraries at reasonable cost and with reasonable speed as a bi-product of such a national data base. We hope to be able to report some progress on the path from the Neolithic to the Industrial Age (at least as it concerns union lists of serials) during the present year.

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UN MOT DU PRESIDENT

David Crawford

Je me rendais récemment à une réunion de l'ABSC/CHLA à Toronto et je feuilletais un de ces magazines de luxe dans l'avion quand un dessin humoristique a attiré mon attention. Dans le dessin, un homme des cavernes regardait une grande affiche indiquant l'évolution de l'humanité, avec une flèche et les mots "Vous êtes ici" tournés vers l'ère néolithique. Je venais de quitter la réunion de la Medical Library Association à Denver, pour me rendre à la conférence, et j'ai tout de suite vu un lien entre ce dessin et la situation des bibliothécaires des sciences de la santé du Canada. Nous aussi, nous savons où nous sommes et, comme le dessinateur, nous avons une certaine idée de l'avenir.

On peut entrevoir l'avenir des bibliothécaires des sciences de la santé (ou du moins un avenir possible) en regardant du côté des Etats-Unis. Qu'on le veuille ou non, une bonne partie de nos informations et de nos techniques documentaires proviennent des Etats-Unis et la plupart des bases de données dont nous nous servons sont produites dans ce pays. MEDLINE et ses fichiers connexes font partie de notre vie de chaque jour, dans bien des cas, et la présence de terminaux dans les bibliothèques d'hôpital est devenue un besoin élémentaire. Cette situation était manifeste aux Etats-Unis au moins cinq ans avant de s'imposer ici. L'avantage d'un tel décalage est la possibilité d'évaluer le succès d'un concept avant d'être en mesure ou capable de le mettre en pratique, ce qui évite parfois de se lancer dans une voie qui, à la longue, a peu de mérite. Par contre, il existe un programme américain qui, lancé il y a déjà quelques années et appuyé activement par la National Library of Medicine (NLM), ne semble pas prêt à être "canadianisé". Il s'agit du programme de partage des ressources et d'attribution de subventions dénommé Regional Medical Library Program.

Plusieurs activités des "bibliothèques médicales régionales" ne sont probablement pas applicables dans le contexte canadien, mais le souci de répondre aux demandes de prêt entre bibliothèques sur place avant de s'adresser à la NLM ou à la Library of Congress permet des économies de temps et d'argent. Il est tout à fait ridicule d'envoyer une demande de Vancouver à Ottawa (même par courrier électronique) et de faire renvoyer une photocopie à Vancouver (même par poste aérienne en vrac), si la revue en question se trouve dans une bibliothèque toute proche. L'astuce est de savoir quelle bibliothèque toute proche possède la revue souhaitée et c'est dans ce contexte qu'on fait appel aux catalogues collectifs de périodiques. Les catalogues collectifs ont vu le jour à Milan en 1859 et ils sont maintenant un outil fort répandu. Il existe une différence marquée entre les Etats-Unis et le Canada en ce qui concerne les catalogues collectifs de revues dans les bibliothèques de la santé.

Aux Etats-Unis, la National Biomedical Serials Database est établie par la NLM grâce au fichier SERLINE auquel on ajoute tous les titres de revues signalés par les bibliothèques médicales régionales et d'autres bibliothèques de la santé dans chaque région. Ces titres sont signalés dans le cadre de la "nouvelle" présentation AACR 2 (ce qu'on appelait le "titre courant") et ils sont accompagnés de descriptions bibliographiques complètes. La NLM se penche actuellement sur un projet (DOCLINE) qui permettra aux demandes de PEB d'être acheminées automatiquement vers la bibliothèque de dépôt la plus proche avec le minimum d'effort. Au Canada, nous avons deux catalogues collectifs de périodiques, un établi par l'ICIST (Catalogue collectif des publications scientifiques dans les bibliothèques canadiennes), l'autre préparé par la Bibliothèque nationale (Liste collective des publications en série dans le domaine des sciences sociales et humaines dans les bibliothèques canadiennes). Je connais mieux le premier, mais les deux me paraissent semblables et ni l'un ni l'autre n'est aussi utile que la version américaine. En effet,

les deux versions canadiennes continuent d'inscrire les titres en fonction des règles catalographiques précédentes, malgré la publication d'AACR 2 en 1978, que la Bibliothèque nationale adoptait peu après. Puisque, de façon traditionnelle, les bibliothèques de la santé ont recours au mode d'inscription désormais officiel du "titre courant", le régime précédent des notices-collectivités peut nous sembler plus déroutant qu'à d'autres bibliothécaires. Moi, je le trouve certainement déroutant! Pour sa part, la National Biomedical Serials Holding Database énumère tous les titres signalés par les bibliothèques de la santé des Etats-Unis. Au Canada, la collection d'une bibliothèque peut être répartie entre les deux catalogues collectifs selon qu'une revue est jugée "scientifique" ou non.

Il existe une deuxième différence importante. En effet, la National Library of Medicine a aidé les bibliothèques à signaler les collections locales grâce au financement du Regional Medical Library Program, de sorte qu'elle peut facilement et rapidement préparer une liste des titres signalés par une même bibliothèque ou un groupe de bibliothèques. Il est même possible de préparer ce genre de list soi-même grâce a SERLINE. Au Canada, l'ICIST peut produire une liste des titres signalés au CCPSBC, mais puisque ces listes ne font pas appel au "titre courant" utilisé dans nos bibliothèques et ne se prêtent pas à l'ordre alphabétique, elles n'ont que peu d'utilité.

Le Bureau de direction de l'ABSC est bel et bien sensibilisé au besoin de catalogues collectifs locaux dans le domaine de la santé, car presque toutes nos sections préparent ou ont préparé des listes, et il s'inquiète non seulement de la multiplicité de ces listes, mais aussi du temps et de l'énergie qu'il faut pour les produire. Nous sommes en train de rédiger un exposé de position sur l'établissment et le financement des catalogues collectifs locaux et sur les perspectives modestes de progrès quant au partage des ressources grâces à une nette amélioration du mécanisme de signalement aux catalogues collectifs nationaux. Nous estimons qu'il est essentiel que les bibliothèques soients encouragées à signaler leurs collections et qu'elles puissent obtenir des listes par bibliothèque ou par groupe de bilbiothèques à un prix raisonnable et dans un temps raisonnable, grâce à ce genre de fichier national. Nous espérons constater un progrès quelconque dans l'évolution de l'ère néolithique à l'ère industrielle, du moins pour ce qui est des catalogues collectifs de périodiques, au cours de l'année en cours.

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HIGH TECH IN HEALTH SCIENCE LIBRARIES: REPORT OF THE CHLA MEETING

Submitted by: Linda Baker
Publicity Chairperson

The Canadian Health Libraries Association/Association des Bibliothèques de la Santé du Canada 8th Annual Meeting was held at the Ramada Hotel in Toronto, June 3-6, 1984. The theme of the conference was High Tech in Health Science Libraries.

The conference opened on Sunday, June 2nd with two CE courses: CE 6 Quality Assurance in Hospital Libraries and MLA CE 350 Literature of Allied Health were both well attended. The third CE course CE7/FLIS Microcomputer Workshop was conducted on June 6th at the University of Toronto Faculty of Information and Library Science. This was a truly popular course; seventy people enrolled and a few even had to be turned away. One further attraction of this conference was the Medline workshop held on the same day at the Science and Medicine Library, University of Toronto.

The welcome addresses were given by Barbara Greeniaus and Jan Greenwood. Dr. Sandy Macpherson, Medical Officer of Health, City of Toronto, also welcomed the audience. He spoke about the new technology and admonished the librarians to remember the human element in this age of information services. He stressed that librarians need to become more involved in consumer health education.

The keynote address was delivered by Gene Wilburn, Computer Systems Co-ordinator at the Royal Ontario Museum. Martin Lamb and Keith Thomas, both from the Faculty of Information and Library Science, U. of T., and Gene Wilburn discussed many issues relating to micros, including the fact that the second generation of microcomputers only started in 1982! There are many types of micros on the market, and the following points were brought forth to consider before purchasing one:

- compatibility of the system with other pieces of equipment
- storage capacity
- multiusage of the micro in the library: word processing, accounting, reports
- software should be user friendly
- check on vendor support before buying a micro
- a network should be available, i.e., check and see what other libraries have purchased in case help is needed at your library
- price and special requirements needed for the computer should be looked into before purchasing a micro
- physical environment and staff requirements are important points to consider

Margaret Taylor, Ph.D. candidate (University of Toronto), discussed the uses of Videotex in the health care setting. Videotex can be used as an educational tool for health professionals, health administrators and for the public. Sharon Henry from IDRC stated that their mandate is to help developing countries start and maintain their own databases. She talked about MINISIS, their database and discussed the varied bibliographies they provide and the fact that they have regional offices throughout the world. Ellen Jones, Faculty of Library and Information Science, U. of T., brought us up-to-date on the equipment needed for downloading and the need for flexible software to be able to transfer information from one computer to another. Bob Gardner from the Ontario Legislative Library outlined the many points to consider before purchasing a micro,

including the admonition to retain the old system until the new one is working really well! Word processors were discussed by Thor Prociuk, Computing Services, U. of T. He stated that we would never go back to typewriters once we got used to word processors. George Tkachuk from Bell Canada showed a slide/tape show on Envoy 100.

Joanne Marshall opened the second day of the conference with a talk on the Matheson report, listing the good and bad points of the report. She then discussed the social-managerial roles of the librarian who will have to assume active roles in both leadership and education, as well as marketing the library and its resources. The remainder of the morning session consisted of short talks by Michael Tennehouse, Medical Library, U. of Manitoba, who stated that librarians need to spend time getting to know and "make work" the different off the shelf software programs. David Crawford and Bruna Ceccolini, Life Sciences Area Library, McGill U., and Eva Gulbinowicz, Centre for Forensic Sciences all discussed the different uses for a microcomputer in a library setting. Electronic publishing (issuing of information on electronic bulletin boards) and the need for librarians to get involved in setting up these files was addressed by Irwin Rodin, Canadian Centre for Occupational Health and Safety. Jean Benson finished the morning with a talk about her experiences with DBase II. It is an excellent file for creating files, manipulating and storing, sorting and appending information. She suggested a good book to purchase to learn how to use this file is DBase II User's Guide by Adam Green, published by Prentice-Hall, Canada.

The Annual General Meeting took place in the afternoon.

The banquet held Monday evening at the Royal Canadian Yacht Club was very well attended. The food was excellent and the service fabulous. The entertainers, Cecile O'Connor and Kelly Walker, sang beautifully thus capping off a very pleasant affair. The ferry ride back at 10:30 p.m. was quite jammed!

The exhibitors at the conference included: Academic Press Canada, Boley Ltd., CANEBSCO Subscription Services Ltd., Copp Clark Pitman, Cycom Systems Ltd, Faxon Canada Ltd., who gave away nice canvas briefcases, IPI Publishing, Login Brothers Book Company, McAinsh and Company Ltd., The C.V. Mosby Company Ltd., Readmore Publications and V & L Enterprises. Most had tons of material on micros and software. Lehmann Bookbinding Ltd. provided the registration binders.

The conference was attended by 204 registrants, with 29 more coming for either the banquet or courses. All the provinces were represented, with one registrant from the Northwest Territories. All the sessions ran on time thanks to Carol Morrison and her little bell, drawing people back to the meeting room and Catherine Pepper, who kept the speakers informed of their time limits. The Planning Committee was well co-ordinated by Claire Callaghan with Jan Greenwood as Secretary and Marjorie Morphy as Treasurer.

The rest of the group include Carol Morrison, Facilities Chairperson, Mary Boite, Hospitality and Special Events Chairperson. Linda McFarlane and Sandra Gold shared the responsiblities of the Registration Committee. Catherine Pepper took on the Programme Committee, Beverly Brown the Exhibitors and Sponsors Committee, Mary Conchelos the CHLA Continuing Education Committee, and Lynda Baker the Publicity Committee. Thanks to all who were on the subcommittees and who worked so hard to make this conference as successful as it was.

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THE ROLE OF VIDEOTEX IN THE DISSEMINATION OF HEALTH INFORMATION

Margaret P.J. Taylor
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Presently on leave from the Children's Hospital of Eastern Ontario, Ottawa, Ontario, as the Director of Library Services.

Videotex is a generic term for a computer-based interactive information technology that is capable of displaying pages of text and graphics on specially adapted television sets. Videotex has also been used to describe a Family of related technologies one of which is teletext - a one-way 'broadcast' information display system. With teletext systems, such as the BBC's Ceefax or ITV's Oracle in Great Britain, the broadcast stations transmit one hundred and fifty to three hundred pages of information using the spare capacity in a normal television channel. Viewers with tele-text converters on their televisions, can 'trap' pages using a special keypad. Because only a limited number of pages can be broadcast, the total amount of information offered to the user is limited and there is also no opportunity for interaction between the user and the database of pages. The main advantage of the teletext system is the cost - it is quite inexpensive in comparison with other mass market interactive computer systems.

Two-way videotex systems allow the user to access a database of information pages directly. With this interactive component, users can use videotex for transactions such as teleshopping, telebanking, games and computer-assisted learning. Much more information is thus available to the user but the cost per transaction is much higher than in teletext systems. Two-way videotex systems can be transmitted over telephone wire, cable TV networks and optical fibre systems.

Telidon is a Canadian designed second generation videotex system with full colour, high resolution graphics. Telidon can operate in both the one-way and two-way modes. The first generation videotex systems were essentially text-based with graphic capabilities added "ingeniously but cumbersomely" later [1]. Telidon, however, is based on techniques commonly employed by computer graphics systems in which clever simplifications were made to permit narrow bandwidth communication media to be used e.g. telephone wires rather than the high bandwidths normally used [1]. Telidon thus features relatively fast and clear graphics and it can also display animated sequences in which only one feature on a page is changed at a time.

There are many other videotex systems world wide such as Prestel (U.K.), Viewtron (U.S.), Captain (Japan), Antiope (France) and Bildschirmtext (West Germany). With any of these videotex systems, the user accesses a computer database of information which is stored in electronic pages in the computer's memory. These pages can be created on special microcomputers and then transferred into the memory. The pages are stored in a 'tree' structure in the computer. To give an idea of what that means, a review of the process of accessing information might be helpful.

When a user logs onto a videotex system, s/he is usually presented with a main index page or a 'menu' page from which s/he must select a topic of interest. Once the selection is made by pressing a number on a keypad corresponding to the menu choice, the system automatically takes the user to the second level of the tree structure where another menu is shown which lists sub-topics of the first choice. Again, when a selection is made, the system takes the user to a third level where either another menu page or an actual information page is displayed. This process of looking at menu pages that are progressively more specific until a document or information is found, is called 'treeing down the database'. It is similar to classifying subjects into smaller and smaller topics until a very specific topic is found or to climbing a tree from the trunk to the main Branch to a smaller branch and finally to a specific leaf. Videotex databases are often called inverted trees.

It is quite difficult to categorize all information in just one location in a tree or database and thus new developments were made in videotex technolgoy to allow users to jump from one branch to another via cross-references which are displayed as options on certain pages or indexes. Other new modes of access include alphabetical subject indexes or keyword indexes which permit the user to find a document without going all the way through the tree structure. Users can also key in a page number for a document if they know it. In the British system, printed copies of the alphabetical and page number indexes are distributed but in Canadian systems, these indexes are usually offered on-line.

The advantages of a videotex system over a conventional interactive information retrieval system are as follows:

1. Videotex uses adapted conventional television sets (rather than special computer terminals) and these are familiar to the consumer and relatively inexpensive.

2. The protocol for using a videotex system (i.e. choosing from menu pages using a keypad) is simple to learn.

3. The telecommunication network needed for transmission of data in videotex systems already exists world-wide.

4. The usage of the system can be expanded in small increments as the database is developed and the information in the system is very easy to update.

5. The system can be linked to other computer communication systems including non-videotex systems using 'gateways'.

The disadvantages of videotex include: eye strain from hours of watching the television screen for textual information; limited amount of information contained in one frame or page due to the limited width of the videotex page (forty columns); duplication of information found in other materials that might be easier to use e.g. airplane timetables; and a sometimes slow and unwieldy tree structure. However, it should be pointed out that new videotex developments are appearing everyday and innovations such as keyword access using boolean logic which exist in some videotex hybrid databases make the technology even more exciting and dynamic.

Computers offer speed of delivery, reliability, large storage capacity and low costs for information retrieval systems. Videotex offers all of these features to a mass market system. In other words, what the computer has done for health professionals and institutions in health information systems, videotex will do for health educators and consumers.

There are five major applications of videotex systems [2]:

1. Information retrieval e.g. access to news, entertainment, sports

2. Transaction e.g. telebanking, teleshopping

3. Computing e.g. calculating mortgage payments using a special program

4. Messaging e.g. using electronic mail to contact other users

5. Telemonitoring e.g. provision of a central monitoring service for fire, theft or medical protection

Videotex is also available for computer-assisted learning. For example, lessons are translated into pages and these pages are organized so that users must answer questions before they can proceed throughout the lesson. Depending on the answers given, the system can ask the user to review certain pages again before proceeding. It is also possible to use videotex systems for automatic appraisal ie.. to record the user's performance on a test and to score it.

Several specific health care roles have been identified for videotex technology [3]:

1. Education for Health Professionals

   Health care workers could utilize a videotex system for continuing education. Presently, health professionals, especially those in remote areas, must rely on correspondence courses, books, journals and sometimes television programs for any continuing education. These methods are often slow and out-of-date and quite expensive if transportation costs are considered. The effectiveness of these methods is also not easily determined in that a system for distributing and marking exams and papers must be employed. A videotex system could easily disseminate standard packages of information across a country to remote areas and major centres alike. This information could be easily kept up-to-date as only pages with outdated information would have to altered. Furthermore, users could access the information at their convenience rather than having to attend a telelecture, for example, and the system could automatically assess the user's performance on tests and lessons.

2. The Management of Health Services Delivery

   In a time of reduced health care funding in Canada, it is appropriate for hospital administrators to want and to have access to large databases of statistical and financial information so that they can plan financial strategies for their institutions. These databases are often only located at government agencies or central hospital associations and thus videotex technology could help distribute access to this information to this group of users. Videotex technology can also provide this data in a more attractive and easily used format such as pie charts and graphs. These systems could also be used to link hospitals in a geographic area for electronic bed registry or for regional poison information centres. Electronic mail service between 'closed user groups' would also help facilitate communication.

3. Education of the Health Care Consumer

The major role for videotex in health care is likely to be disseminating health information to the consumer market. Consumer health information disseminated by other media such as television and radio suffers from several problems. First, it is presented too fast for many users and it is often delivered at an inconvenient time. Secondly, it does not allow flexibility of access routes or levels of expertise in searching for information. It is pitched at the 'average' citizen. Thirdly, it does not allow for user feedback if clarification is necessary. These problems often lead to the information being ignored, missed or misinterpreted. Videotex would, however, allow users to choose the place, pace and time of delivery. It would also allow access by subject category, by alphabetical index and by keyword index, thus handling several different learning and searching approaches.

Videotex could transmit information directly into homes or into doctors' offices or to hospital waiting rooms or to any public place such as libraries. Thus specific programs of information that are constantly repeated for a small group of users can be disseminated to specific places e.g. diabetes patient education packages to a diabetic clinic and general information to libraries and homes. The videotex graphics and animation would be ideal to show consumers the parts of the body or techniques in self-care.

4. Aids to the Disabled and Elderly

Because videotex can reach directly into the home, it can open doors to the handicapped and elderly that never before existed for them. For example, these users can send messages to friends using the electronic mail if they cannot get out to mail letters. They can also do their shopping and banking by using the videotex system. They can have a medical emergency service linked into their videotex terminal and they can find out special information on the system that is pertinent to their own needs e.g. location of wheelchair ramps in the city.

5. Videotex and Telemedicine

One recommended potential use for videotex is to link up with telemedicine facilities. In telemedicine, two-way video connects physicians in large urban teaching hospitals with health care workers and patients in remote sites. If videotex could be linked into this system as well, the doctor and staff at either end could also have access to data for comparison or diagnosis or to enhance images. These service would greatly improve the delivery of health care to remote sites through the provision of additional reference information for medical diagnosis and treatment. They would also help standardize telemedicine across the country [4].

6. Future Applications

A variety of future applications for videotex technology in health care have been suggested [5]:

- upgrading of videotex graphics technology to create, store and transmit photographic images so that ECG's and EKG's and x-rays could be more easily transmitted over distances

- user-definable screen editing to permit zooming in on images, to rotate images, etc, for medical diagnosis

- using videodisc and videotex to store large amounts of information locally to reduce transmission costs

- 3-D coding to allow newer medical imaging techniques such as CAT scans to be transmitted over distances

- automatic generation of videotex pages from text so that books and articles can be quickly added to the database

- more advanced database structure to permit boolean logic and natural language access

- gateways to permit the user to use one search request to search several databases for the same information

These are some potential application or roles for videotex to play in health care. The next section will examine some existing field applications of the technology in health institutions.

Prestel is the name of British Telcom's public videotex service. It was the world's first public service and the only service still to be available on a national basis. Over sixty per cent of British telephone subscribers have access to Prestel's nearly two hundred thousand pages of information [6]. Of these pages, a small proportion deal with health topics - either regulations and acts dealing with health issues; preventive advice on topics such as smoking and cancer; self-medication advice such as when to call your doctor and when to take two aspirin; health concerns such as abortion, euthanasia, etc. There are also a few pages on health professional topics that are available only to 'closed user groups'.

One problem with the use of Prestel for consumer health education has been a very slow development of the market. In 1979, it was predicted that in the 1980's there would be tens of thousands of terminals used but in fact, in 1980, there were only seven thousand sets is use and of these, only twelve per cent were in private homes and only eight were in health institutions. Part of the problem with purchase of videotex sets for health centres was due to restrictions on public spending but in view of the potential savings to the health service from the use of Prestel to promote self-treatment and improved lifestyle behaviour, this restriction has been described as 'short-sighted' [6].

Until the home market picks up or the medical market tries the system, there is a danger that health information will not get the priority it deserves on Prestel. One solution might be to market health information as a general information 'perk' to business customers. Present research into the health pages on public videotex systems in Britain is totally lacking and this is truly unfortunate in that Prestel is one of the few true mass market videotex systems in operation. Other systems such as Telidon are only just being marketed and much of the consumer reaction to the service must still be gained from small field trials.

Private videotex systems designed for closed user groups have been used successfully in the health care field in Britain. In Edinburgh, the Scottish Poison Information Bureau has used a private videotex or viewdata service to handle the large number of drug and poison enquiries from doctors, pharmacists and other health professionals. The switch from a manual system to a videotex system was made to ease storage, retrieval and updating functions of the posing information service [7]. Another private videotex system which was designed for physican use only was developed by a group of medical companies and laboratories. The National School of Medicine Library in Wales

tried providing access to this confidential database for their users - the medical students, staff and local doctors. The database contained pages of information on drug effects, clinical case studies, medical conferences and job vacancies. The librarians found that only medical students made much use of the videotex service and then used mainly the general inforamtion from Prestel rather than the special confidential medical database; however, they planned to increase the publicity about the videotex service to encourage more medical users [8].

In the United States, Knight-Ridder Publishing Company and AT&T have collaborted on a videotex system called Viewtron. An interesting health application of Viewtron is the inclusion in the database of the book How to Take Care of Yourself by Dr. Donald Vickery and J.F. Fries. This books contains linear sequences for determining and treating health problems and with programs that branch depending on the symptoms, the books seems an ideal candidate for a tree structured database [9]. Unfortunately, there has been no reserach yet that looks at consumer use of the book in the Viewtron database.

In Canada, the Canadian Hospital Association has started a very large, private videotex system called the Health Information Network which will eventually link every hospital and hospital association in Canada to a database containing drug information, poison information, medical device alerts, financial information related to health professional salaries and medical costs, etc. [10]. The information providers for this system will be hospital associations, governments and manufacturers. The network will be decentralized with each province having its own host computer containing local and regional health information, However, regional information from one province will be accessible to other provinces. Another feature of this network is that when one provincial computer is 'down', the hospitals in that province can still access the network via the other provincial and the national association computers. A unique feature of this network is that cetain pages of information can be accessed using the Telidon tree structure or by using a traditional ASCII dialogue.

In Ontario, the Hamilton Public Library has made use of Telidon to disseminate consumer health information. A joint project of this library and the McMaster University Health Sciences Library, Clinical Librarian Service, had been to create patient resource guides on popular topics such as arthritis, diabetes, multiple sclerosis, etc. These guides listed local organizations that were related to the disease, and also gave an annotated listing of all relevant material at the Hamilton Public Library. As part of the TV Ontario field trial of Telidon, the Hamilton Public Library decided to include five of these patient resource guides as part of their information pages. Joanne Marshall, from the Clinical Librarian Service at McMaster, created Telidon pages from the guides and included the following information for each disease: a definition, lists of books and articles, relevant courses and organizations. These pages are still available on the IVSTA database run by Bell Canada and can be seen starting on page 666652 [11]. Thus health and public libraries can use videotex systems not only to publicize their own holdings and disseminate health information but also, as we have seen with the National School of Medicine Library in Wales, to supplement their reference services for their users.

Québec also has a videotex network, Telehealth or Télésanté, which disseminates health information to the public via terminals in hospital waiting rooms and clinics. By 1985, Telehealth will also use the interactive channel of the six hundred thousand user cable TV network, Videotron, to reach a much greater audience. Telehealth pages are designed to mimic doctor-patient conversations in a tutorial format. Users of Telehealth should not only learn more about health topics but will also learn problem-solving skills as well. The objective of the Telehealth project are to reduce the anxiety of patients with respect to health, to encourage self-treatment in certain situations and thus relieve the pressure on hospital emergency departments and to reduce the number of false starts made by clients using the health care system for the first time [12].

* * * * *

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ELECTRONIC PUBLISHING

Irwin Rodin
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Let me begin by defining the bounds of what I mean by Electronic Publishing. Electronic publishing is 'the issuing of literature or information in electronic form'. Text! I am talking about the issuing of predominantly textual data.

There is a very immediate association between electronic publishing and libraries. One type of electronic publishing system you are likely to be familiar with is the online search service. These services can be used to obtain information on everything from granny-bashing to a question I was once asked to search, the location of the centre of the universe.

There is another important reason, other than online searching, why libraries are closely associated with electronic publishing. For the sake of bibliographic control and cost reductions, libraries are moving towards placing their document catalogues online. This means that libraries are the producers of online catalogues and an online catalogue contains bibliographic databases, and large ones at that.

Look how these databases are used. Their primary use is within the library, to replace the card catalogue. But they are also used by people outside the library so that they can know whether a book is held by the library and know whether it is presently circulating.

This online catalogue is an example of an electronic publishing system. Libraries are right in the middle of the electronic publishing developments. We have libraries using databases, creating databases, and even creating online retrieval systems that allow these library catalogues to be used. A number of libraries have gone further with their databases and made them available through online service bureaus such as CAN/OLE or BRS. They are collecting royalties on the use of their library catalogue.

Electronic publishing began as a result of the production of printed publications. Computers began to be used for phototypesetting and later on, word processors were introduced to simplify the editing of printed texts. As a result of using computers in the printing process, computer-readable databases were produced as a by-product. I would like to argue that, because of these origins of electronic publishing, the first electronic publications looked very much like printed publications in their formats. If the print publication was a bibliographic index, then the electronic version also looked like a bibliographic index except that it allowed more access points than the printed version.

Most electronic publishing systems, for example an online search service, require two-way communications. That is, you send a command to the computer to indicate what you want it to do and it sends you back information. With this capability of communicating with the computer, you can just as easily send a message to the system instead of a command. If people using the system are permitted to read the message that you typed in, then you can say that your message has been published - it has been made public.

Let me emphasize this point. This is what makes electronic publishing revolutionary. People can express their thoughts to other people using the system. They are contributing to the knowledge-base of the electronic publication; they are the writers.

The editor of an "Electronic Time Magazine" no longer decides the topics that will be covered in the magazine. The readers decide this; and they also decide what will be stated on the topic.

The computer system which allows people to contribute information to the publication is sometimes called a computer-conferencing system, an electronic bulletin board, or an electronic journal. These expressions are used interchangeably.

There are two major electronic bulletin board services in North America, the Source and CompuServe. Both discovered that people want to communicate with each other. Many people sign up to use The Source because it has an electronic news service, but the most heavily utilized parts of the system involve people communicating with each other.

Many electronic publishing systems may have the same capabilities, but look different because they are used in different ways. An example of a creative use of a bulletin board system is one located in California. A grant was received to set up a bulletin board for educators to communicate with each other. A teacher in one school decided to collaborate with a colleague in another school so that the students in two classes were able to communicate, by sending each other messages through the bulletin board. The students dialed into the bulletin board faithfully every day. They would read the messages from the other class, write letters back to the students from the other school and report on their individual and group activities. The students were having tremendous fun communicating with each other and making friends; they created pen-pals across the state. The teachers, as you might have guessed, were using the system to teach composition but they didn't tell the students that.

My point of telling you this story is to point out that electronic publishing systems are flexible. Their use is only limited by the creativity of the people who set them up.

Before I go on to discuss the properties and development of electronic publishing, I want to explain why the organization I work for, the Canadian Centre for Occupational Health and Safety (CCOHS), is interested in electronic publishing. The Canadian Centre provides information and advice free to anyone in Canada about any hazard or potential hazard in the workplace. As you can imagine, demand for our service is increasing each year and we anticipate that, in the future, we will not be able to offer this service to inquirers on a one-to-one basis. Therefore, we are designing an electronic system that would allow people to dial into our computer and have their questions answered.

Much of the knowledge base of occupational health and safety has never been published. Scientists and researchers publish information on workplace hazards but workers seldom do. Therefore, CCOHS is looking for some way to allow workers to communicate with other workers and with researchers. We have not yet designed the system that will allow these people to communicate with each other, but we anticipate using a bulletin board format, with different bulletin boards for different topics.

Imagine workers at the Stelco plant in Hamilton communicating with other steel workers across Canada, discussing hazards they must deal with and how they handle these hazards. This is the kind of information that usually gets passed on to other people only through an apprenticeship program. It will be interesting to see not only what workers and scientists learn from each other but how they will interact.

This is one reason why CCOHS is interested in electronic publishing, but the properties inherent in this type of publishing system will reveal the other reasons why we want to use this medium.

With electronic publishing systems, people can communicate with each other at their convenience. Running a computer conference does not require people to be connected to the computer at the same time. All messages sent to the computer are stored on the system and read at the convenience of the conference attendee. And people can be using the system from any place around the world that has a telephone.

An interesting variation to the computer conference is the computer classroom. The New Jersey Institute of Technology provides computer courses over their electronic publishing system.[1] Students dial into the computer and communicate with each other and with the course instructor. The students taking these courses live throughout North America; in fact, so do the instructors.

Electronic publishing is democratic in nature in that it allows users to add to the information base. I expect that, in a two-way electronic publishing system, people using the system will feel free to comment on the information published by the journal and to comment on the comments of other people using the system. People will stake out all points of view on a dichotomy and clarify an issue. We can expect communities to form around issues of concern to the users of the system. In the area of occupational health and safety, communities will form around the issues like the hazards of visual display terminals, the differential dangers of asbestos, and a host of other controversies.

The democratic nature of electronic publishing systems is expressesd in a way other than by users contributing to the information base. Qube is a cable company in Columbus, Ohio. It operates a two-way cable system which uses a numeric keypad so that cable-TV viewers can send one or more numbers from the keypad to the cable TV company's computer. Using this keypad, viewers can purchase items which are advertised on TV, or they can vote on an issue when the options are presented to them.

During a specially arranged football game, the audience watching the game on television was asked to decide which plays the home team should attempt. Talking about the armchair coach, here we have it for real! The audience was given a few plays to choose from, one of which was "coach's choice". Each play was identified by a number; the computer polled all the connected keypads and gave the pooled selection to the coach for implementation. Perhaps the home team would have lost anyway!

The moral of the story, and this is very important, is that two-way communication systems are not in themselves sufficient. There has to be an experienced and knowledgeable authority in the information-providing process.

A personal interest of mine is the electronic bulletin board. Most electronic bulletin boards reside on microcomputers. These systems are utilized by microcomputer users so that they can communicate with each other, so that they can exchange information on microcomputer hardware and software, and exchange computer programs.

I have described using an electronic bulletin board in a classroom to teach writing skills. They are many other, imaginative ways they have been used. Some people at the University of Michigan have been using it to share information, solve problems and schedule meetings.[2] Nuclear plant operators throughout the United States and in some other countries are using a mainframe computer conferencing system for the exchange of information related to safety and plant licensing.[3] There are bulletin boards residing in microcomputer which are used by gays, and by environmentalists.

There is an interesting computer messaging system for the handicapped.[4] Users of this system can receive textual output or they can obtain computer-generated synthetic speech. The physically handicapped and the elderly can communicate with each other without leaving their home. The loneliness is alleviated.

Along these lines, I would like to quote a comment written in the Whole Earth Software Review. The editorial this comment was taken from discusses the use of communication networks using personal computers.

> "One of the subtle advantages (of computer communications that is you appear as a mind to others, not as a fat, flabby forty-year-old or even a Burt Reynolds lookalike. A very liberating environment where you bump into electronically-linked communities of people you didn't know were out there. Where your physical limits or disabilities don't count. (It is)... an indicator of how revolutionary the whole computer thing may turn out to be."[5]

To conclude, it is my opinion that electronic journals, and electronic bulletin boards for the disabled, gays, scientists, and computer hackers are all legitimate variations of publishing systems.

I realize that I have stretched the meaning of the term publishing so that some of you feel uncomfortable with it. I have done this for an important reason. This is what I believe publishing will look like in the future, with readers contributing significantly to the information base which all readers can access, with the feedback capability and the immediacy of response. What is clear from systems which already exist is that people have important things to say and want to say them.

Finally, I could see great benefits to CHLA in utilizing electronic publishing. I would recommend that CHLA consider setting up a bulletin board. Members could exchange information on new books available and recently issued government reports. They could request help in answering a particularly difficult inquiry, arrange meetings, or just maintain contact. Most importantly, you can be at the forefront of developments in electronic publishing. Don't react to these developments; create them!

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THE DEVELOPMENT OF A LIBRARY SLIDE AUTOMATION SYSTEM: THE CENTRE FORENSIC SCIENCES EXPERIENCE

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H. Ward Smith Library
Centre of Forensic Sciences

The Centre of Forensic Sciences is in the process of converting its slide collection from a cumbersome manual system to a computerized one, with the aim of facilitating effective access to a vital collection. The mammoth task of systems development was shared by the librarian and an internal computer wizard.

As background for the development of the slide automation project, I will briefly describe the conditions leading to this decision. Centre activities revolve around three main areas; casework, original research and education. Staff lecture extensively as part of university/college courses in chemistry, medicine, biology, law and criminology. In addition, the Centre teaches courses for pathologists, coroners and other professionals involved with criminal investigation. Consequently, there is a constant reliance on the slide collection to suit the varied interest groups.

Upon arrival at the library, I inherited a chaotic system based on a visual display of slides coded according to an alpha-numeric classification scheme, consisting essentially of numbers and letters selected at random. Access to the collection was by broad category only, such as ARSON; there also was an outdated three-ring binder that served as slide description catalogue. Circulating slides were housed in binders, along with some lecture lists. The slide collection of 5,000 items items was increasing steadily, with a proportionate loss of control. On st f initiative, a decision was made to automate the manual processes in a coherent manner that was compatible with Centre sectional organization and use patterns.

In consultation w[illegible] [illegible]ff, the librarian devised a new alpha-numeric classification with codes related to the broad categories represented in the collection, but simple enough for computerization. Subject access, effective circulation control and retrieval, plus slide security were major concerns faced in developing the current system.

Problems connected with hardware/software selection were obviated, since the library is connected to the Centre's Zilog System 8000 Model 21, operating under Unix version 7. M-Vision, which is the full-screen interface to the mistress Relational Database Management System, is the software package employed for date entry/retrieval purposes. It displays information about databases, tables found in Mistress graphically on the terminal screen.

M-Vision is designed for quick and easy access by people with little or no training in database management. All information is laid out in a highly visible manner and a menu is presented with simple, clear instructions. Pre-programmed function keys are used to carry out database operations such as selecting, deleting, inserting, updating, seeing the next record, etc.

```
M-VISION                                                    INSERT DISPLAY
                          Table name : Lib_Slides

Case_No [REDACTED]          Examiner _____________________
Case_Title _____________________________________________
Continue _______________________________________________
Code_No ______              Colour ______ Medium ______
No_of_Copies ___            Identifier ______
Description ____________________________________________
Des1 ___________________________________________________
Des2 ___________________________________________________
Des3 ___________________________________________________

          RETURN .... F1          INSERT ............... F3
          HELP ...... F2.         RESET ALL FIELDS .... F4
```

Developing a workable M-Vision program for the slide automation project, involved considerble initial effort. An analysis was done of all functions to be performed and all the units of information needed to carry them out. This data must then be translated into programming terminology, within the limitations of the system.

```
M-VISION                                                 QUALIFICATION DISPLAY
                          Table Name : Lib_Slides

Attribute                                   Selection Criteria
                                                =    <    >

Case_No [REDACTED]                              -    -    -
Examiner _____________________                  -    -    -
Case_Title ____________________________________
Code_No ______                                  -    -    -
Identifier ______                               -    -    -

          RETURN ..... F1         GET RECORDS ....... F3
          HELP ....... F2         CLEAR FIELDS ...... F4
```

Although the preceding analysis may appear straightforward, it is nevertheless a critical step, as formats must be designed for each specific function, to provide maximum retrieval flexibility. The insert demonstrates the format used for the slide description catalogue and the various fields judged pertinent. Sorts may be done on attributes found in the Qualification Display.

M-VISION RETRIEVE DISPLAY

Table name : Lib_Slides

Case_No [redacted] Examiner J. Powell
Case_Title Fabric impression
Continue
Code_No HR-1 Colour b&w Medium
No_of_Copies 4 Identifier HRFI
Description Slide of partial license plate 880 on the leg of deceased's
Des1 trousers, after being hit by a car in a hit & run accident.
Des2
Des3

RETURN .....F1 NEXT F3
HELP F2

Subject access is provided by selecting the appropriate identifier, i.e. the four letter code in the Retrieve Display.

Every subject heading has its own unique identifier, which is entered with each slide on a particular topic, e.g. HRFI standing for Hit and Run Fabric Impressions. The computer can thus retrieve all slides on the topic, printing out their classification numbers. The concerned individual may then go and view these slides displayed on movable racks in a custom designed slide cabinet, or the library staff can use the printout to assemble lecture slide sets.

The Slide Control Table may be used for slide circulation purposes or to keep a record of recurring slide lecture lists.

```
M-VISION                                                    RETRIEVE DISPLAY

                        Table Name   Slide_Control

Name  [redacted]

Date  24 Nov 83

N1  G5-4        N2  E56-47      N3  X62-6       N4  S3-26

N5  S3-34       N6  A7-24 R     N7  A7-78       N8  A7-79

N9  A7-80       N10 A7-81       N11 A7-83       N12 A7-86

N13 A7-85       N14 A7-112 R    N15 E9-207      N16 A7-65

N17 H6-40 R     N18 H6-43       N19 H6-44       N20 H6-46

                RETURN .....F1          NEXT ..... F3
                HELP ...... F2
```

Circulation data may be easily deleted as necessary, or lecture lists quickly revised by the staff.

When fully operational, the system will provide a multifaceted approach to the use and control of the rapidly expanding slide collection. Progress is being made with data entry, despite the seemingly unavoidable computer crashes. Both the Centre and the library staff are eagerly awaiting the project completion scheduled for Fall 1984, when the outdated paper catalogue can be input into the paper shredder.

Special thanks to Mr. Ulf Von Bremen, Head of the Centre's Photography Section for preparing the slides used in this article

* * * * *

MINUTES OF THE ANNUAL GENERAL MEETING

Submitted by: Sandra Langlands
Secretary, CHLA/ABSC

The eighth Annual General Meeting of the CHLA/ABSC was held in Toronto on June 5, 1984. Approximately 70 members were in attendance.

President Barbara Greeniaus opened the meeting with thanks and compliments to Conference Chair, Claire Callaghan. Praise and thanks were also extended to Lynda Baker, Mary Boite, Bev Brown, Mary Conchelos, Sandra Gold, Jan Greenwood, Marjory Morphy and Catherine Pepper for the organization of a successful conference. The registration for the conference was the largest of any CHLA/ABSC conference to date and included representatives from every province and the North West Territories. A breakdown of the turnout was given: 33 from the West, 33 from Québec and the Maritimes, 1 from N.W.T., 143 from Ontario and 3 from the United States for a total of 213.

The President highlighted the accomplishments of the Board of Directors during 1983/84. An Executive Manual was created; terms of reference were written for the Annual Conference Planning Committee; guidelines for other CHLA/ABSC committees were drafted along with an application for funding assistance and criteria for Honorary Life Membership and the Award for Outstanding Achievement were prepared. An agreement with the Osler Library was entered into for the housing of the Association's archives; the BMC was enlarged and improved; CANHEALTH was a regular supplement to the BMC. The new chapters, the South Alberta Health Libraries Association and the Montréal Health Libraries Association, were welcomed into CHLA/ABSC. Special thanks were extended to Debbie Ballie who is stepping down as coeditor of the BMC.

The President also extended congratulations to present and former Board members who were busy this year giving birth.

The Secretary read the report of the Annual General Meeting held in Winnipeg on June 15, 1983 (MSC : S. Langlands, S. Murray). There was one item of business arising from the minutes. B. Greniaus reported that she and A. Kerr, Special Resource Committee on Medical School Libraries of the Association of Canadian Medical Colleges, are preparing a report on the Health Sciences Resource Centre, CISTI. Their report will be presented to both the CHLA/ABSC Board and the Special Resources Committee in October 1984.

The Treasurer's Interim Financial Statement, June 1, 1983 - April 30, 1984 was read. The balance was $29,378.34, of which a $20,000.00 grant from CIDA will be passed on to the IDRC to support the attendance of third world librarians at the 5th International Conference on Medical Librarianship (MSC : B. Flower, A. Manning).

Committee Chairs J. Marshall, M. Conchelos and A. Manning, for Consumer Health, Education, and Nominations/Elections respectively, gave reports which will be published in later issues of the BMC. A. Manning reported that Diana Kent is our incoming President-Elect and Linda Harvey is our newest Director.

* MSC = Moved, seconded, carried.

D. Crawford, Membership Chair, reported that there are now 326 CHLA/ABSC members. He also appealed to all members to renew their memberships for 1984/85 as soon as possible to decrease the expense of mailing renewal notices (MSC : D. Crawford, M. Schafer). T. Flemming asked that, in future, CHLA/ABSC membership renewal forms include the note "Those who have previously paid should ignore this notice."

MLA Liaison D. Crawford reported that this position will now be filled automatically by the President-Elect. Negotiations are continuing with MLA to waive the MLA conference registration fee for our representative. Presently, our liaison must pay MLA conference registration fees if s/he is an MLA member. MLA representatives to the CHLA/ABSC are not required to pay registration fees for the CHLA/ABSC conference (MSC : D. Crawford, B. Maes).

BMC Editor, B. Stableford gave a report on behalf of herself and D. Baillie (MSC : B. Stableford, M. Taylor). D. Crawford indicated that he and B. Flower would appreciate comments/criticism/praise on CANHEALTH as soon as possible. A final version of the here-to-fore serial publication is now in preparation for distribution in late 1984 or early 1985. Members' comments will aid in the editing of that volume.

Two new chapters were officially welcomed to CHLA/ABSC. Incoming chapter presidents A. Greenberg, Montreal Health Libraries Association, and B. Maes, South Alberta Health Libraries Association, were on hand to report on chapter activities planned for the coming year. Summaries of the reports of other chapters were given. All will be, or have been, published in the BMC.

B. Greeniaus noted that the Board had discussed visits to chapters at length and had agreed that where invitations from chapters are forthcoming every effort will be made for the closest Board member to attend a chapter meeting.

The President asked for a member of the Windsor chapter to come forward with information about that chapter. It has not been heard from since the last AGM and has some chapter obligations, as outlined in the Bylaws, to fulfil. B. Flower suggested that Anna Henshaw of the Grace Hospital be contacted for further information.

C. Callaghan, on behalf of D. Fitzgerald, Chair, HSRC Advisory Committee for 1984/85, read the report of the Committee which will be reproduced in the BMC (MSC : C. Callaghan, S. Murray). It was suggested that either the agenda of HSRC Advisory Committee meetings be published in the BMC or that a call for agenda items be made in advance of committee meetings to permit the CHLA/ABSC membership to have input.

M. Schafer, Head, HSRC, reported the names of new staff members, reminded us of the 1984 edition of Canadian Locations of Journals Indexed for Medline and the 1984 Union List of Scientific Serials, and indicated that Health Sciences Information in Canada: Associations will be ready in the fall. She also mentioned that Jean MacGregor, Head, Document Delivery, CISTI is now compiling statistics on hospital ILL borrowing. Libraries wishing a separate listing of their holdings as recorded in the Union List of Scientific Serials must, in future, direct their requests to the National Library Systems Centre.

The 1985 Conference Chair, Judy Flax, was introduced. She encouraged members to come to Calgary next year. We were assured that plans for our enjoyment are already underway.

F. Groen, CHLA/ABSC Representative to the International Organizing Committee for the 5th International Congress on Medical Librarianship (ICML), explained that on CHLA/ABSC's behalf she had successfully sought funding to support the attendance of third world librarians at ICML in Tokyo, September 1985. She also told us about the conference program and asked how many had submitted papers.

D. Dolan reported on the activities of the Health and Welfare Canada Libraries in the past year. Her report will be published in the BMC. It was suggested that where possible D. Dolan make known appropriate publications of her department through BMC.

The President thanked outgoing Board members A. Manning, Past-President and S. Langlands, Secretary. The chair was transferred to incoming President, D. Crawford who thanked B. Greeniaus for her hard work in 1983/84.

The meeting adjourned at 3:30 pm.

* * * * *

CRAC - CHIROPRACTIC RESEARCH ARCHIVES COLLECTION

J. Claire Callaghan
Director of Library Services,
Canadian Memorial Chiropractic College

As some of you may recall, I first described the beginning of CRAC and its database in BMC 1983;4(4):78-79. Well, CRAC is now a reality! 2,500 copies of volume 1 rolled off the University of Toronto Press on June 12, 1984.

CRAC is the only bibliographic tool that contains an extensive collection of abstracts from chiropractic, osteopathic and the health sciences literature dealing with manipulation. Every article represents a noteworthy contribution to the collective consciousness of modern chiropractic and the manipulative sciences.

It is arranged in three parts - ABSTRACTS SECTION, SUBJECT INDEX and AUTHOR INDEX - to provide for efficient access to the information. A chiropractic thesaurus of 88 terms is included to supplement the MeSH headings. A list of monographs and journals not found in Index Medicus is included for further reference.

CRAC will be an annual cumulation of research-oriented references dealing with the manipulative sciences. It provides the means to keep abreast of the most recent developments in research related to chiropractic.

All of the data is on magnetic tape and it is anticipated that, within the next year, CRAC will be made available online ... we'll keep you posted as those plans are finalized.

There is one copy available on interlibrary loan for those who do not wish to order "sight unseen". Those interested in learning more about the specifics, please contact me at the C.C. Clemmer Library, 1900 Bayview Avenue, Toronto, Ontario M4G 3E6 (416) 482-2340 Ext. 159.

COMPTE-RENDU DE LA JOURNÉE D'ÉTUDE DU GROUPE D'INTÉRÊT DES BIBLIOTHÈQUES DE LA SANTÉ DE L'ASTED

Louise Deschamps
Présidente,
Groupe d'intérêt des bibliothèques
de la santé de l'Asted

Le 11 mai dernier, le groupe d'intérêt des bibliothèques de la santé a organisé une journée d'étude à l'intention de ses membres. Afin que tous puissent profiter des informations qui y ont été véhiculées, j'aimerais vous décrire les points saillants de cette journée d'étude.

L'avant-midi se déroulait sous le signe de la loi 65 et de la gestion documentaires. Madame Marie-Claude Lauzanne, avocate à la commission d'accès à l'information, nous a décrit la loi 65 (loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels) et nous a distribué un calendrier d'application de cette loi.

La loi 65, son nom l'indique, rend accessible presque tous les documents des organismes publics. Elle a été adoptée à l'Assemblée nationale le 22 juin 1982 mais c'est à partir du 1er juillet 1984 que les citoyens pourront avoir accès à ces documents; de plus, les organismes ont jusqu'au 1er janvier 1986 pour classer leurs documents accessibles.

La loi 65 est une loi lourde de conséquences. A la fin de l'exposé de maître Lauzanne, les participants ont réalisé que les bibliothèques médicales pourraient être fortement impliquées dans le processus d'application de cette loi. Les questions suivantes ont alors été soulevées:

1. Les bibliothécaires ou les techniciens en documentation doivent-ils s'impliquer directement face à cette loi?

2. Doivent-ils entreprendre les démarches nécessaires auprès de leur direction afin de prendre en main le classement des documents qui deviendront accessibles?

Face à ces interrogations, aucune suggestion précise n'a été apportée. Il en revient à chacun de trouver la solution à son problème. Mais un fait demeure certain, le personnel de la bibliothèque ne doit pas faire la sourde oreille devant un fait de cet envergure.

De l'application de la loi 65 découle la nécessité d'une saine gestion documentaire. Monsieur Yvon Papillon, bibliothécaire en chef du service de la documentation du Ministère des affaires sociales, est donc venu nous entretenir sur ce sujet. Il nous a expliqué et décrit, non sans un certain humour, les étapes nécessaires à franchir pour obtenir ou mettre sur pied un système efficace de gestion documentaire. Il nous a également fait prendre conscience que ce ne sont par tous les documents d'une compagnie ou d'un organisme que doivent être conservés et traités; en effet, certaines normes et certains critères ont été établis afin de juger de la pertinence des documents que seront classés. En conséquence, si les documents sont "bien gérés" ils deviennent facilement repérables et accessibles.

Le sujet abordé durant l'aprés-midi se voulait fort différent puisque nous nous sommes renseignés sur les réseaux de bibliothèques présentement sur pied dans le Québec. Nous avons voulu étudié ce thème afin de permettre à des bibliothèques de "moindre importance" non affiliées à une université et éloignées des grands centres ou des autres bibliothèques, de prendre connaissance des moyens qui peuvent être à leur disposition pour les aider à mieux servir leur clientèle.

D'abord, madame Danielle Coudé, de l'institut Roland-Saucier à Chicoutimi, est venue nous entretenir du réseau que les différentes bibliothèques médicales de cette région ont mis sur pied. Ensuite ce fut le tour de madame Lizette Germain pour la région de Québec; celle-ci a d'ailleurs profité de l'occasion pour nous présenter la nouvelle édition du catalogue collectif des périodiques qui se trouvent dans les hôpitaux de cette région.

Madame Maryse Boyer a donné un bref aperçu des buts et objectifs de l'Absaum (association des bibliothèques de la santé affiliées à l'université de Montréal) et madame Hanna Waluzyniec nous a parlé du réseau qui regroupe les bibliothèques médicales affiliées à l'université McGill. Enfin, monsieur André-Paul Racine nous a expliqué, et c'était nouveau pour la plupart d'entre nous, comment étaient organisées les bibliothèques de la région de Hull/Ottawa.

5TH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP

The IFLA Section of Biological and Medical Sciences Libraries has arranged for a package tour from the United States to Tokyo, with a post-Congress tour of China. The tour will cost approximately $3,688 and will include air fare from Chicago to Tokyo, Tokyo to Beijing, all China transportation, and return flight from Hong Kong to Chicago. Other departure points will be available and the final tour cost will vary depending on location. The tour includes all hotel accomodations in Tokyo, China, and Hong Kong, and includes daily American breakfast in Tokyo, all meals in China, American breakfast in Hong Kong and a special farewell dinner. The tour will depart on September 27, 1985. The China tour will take ten days and will cover the cities of Beijing, Xian, Shanghai, Guilin, and Guangzhou. There will be two full days in Hong Kong for shopping and sightseeing. The China portion of the tour will include visits to medical facilities and libraries as well as sightseeing. Tour arrangements are still being completed, and the tour brochure will be available at the May MLA meeting. It will also be possible for interested persons to join the China tour in Tokyo, purchasing only the Tokyo-China-Hong Kong portion at a cost of $2,377. The tour will return to the US on October 18, 1985. Please note that the round trip fare including hotel accomodation in Tokyo and breakfasts for a price of approximately $1,300 is a real bargain. It may also be possible to purchase just the US-Tokyo-US portion of the travel package, and details will be available in Denver.

Please remember that 1984 is the time to plan your participation in the 5ICML, and the closing dates for the special tour package will probably be November 1984, due to the need for advance planning of the China portion of the trip.

With regard to the CE courses on September 30, 1985, MLA will plan to provide the following services:

(1) MeSH and NLM classification
(2) MEDLINE and Index Medicus for the health sciences librarian
(3) drug and pharmaceutical information resources
(4) planning and management of basic health libraries
(5) biomedical materials - selection, acquisition and management

As a fundamental rule, every course will begin at 9:00 a.m. and close at 5:00 p.m. and each course will be subject to a minimum number of 15 persons and a maximum of 30. Courses comprising of less than 15 persons will not be held. On the other hand, in the case of a course comprising of more than 30 participants, some of those concerned might be transferred to other courses. The outline of CE courses is to be printed in the registration form for participants requesting them.

OTTAWA/HULL HEALTH LIBRARIES GROUP - LE GROUPE DES BIBLIOTHEQUES DE LA SANTE D'OTTAWA/HULL

Submitted by: Margo Beres Hawley,
President

1983/84 Executive

President: Margo Beres Hawley, Children's Hospital of Eastern Ontario
Vice-President: Vacant
Secretary: Marilyn Schafer and staff, Health Sciences Resource Centre, CISTI

Past President: Doris Foster, Health and Welfare Canada - Health Protection Libraries.

Highlights of the year

The Ottawa/Hull Health Libraries Group held five meetings in 1983/84:

1. September 15, 1983, Children's Hospital of Eastern Ontario. Business meeting followed by a guest speaker, Edward Dowse, from the Policy Planning and Systems Division, CISTI. Topic: Microcomputer applications in libraries.

2. November 17, 1983, Health and Welfare Canada. Business meeting followed by a guest speaker, Cora Craig, Technical Director of the Canada Fitness Survey. Topic: The Canada Fitness Survey.

3. January 19, 1984, International Development Research Centre. Business meeting followed by a tour of the Centre's library, conducted by Margo Monteith, Public Services Department, International Development Research Centre Library.

4. March 29, 1984, Children's Hospital of Eastern Ontario. Business Meeting. Guest speaker: David Crawford, incoming President of the Canadian Health Libraries Association. Topic: C.H.L.A and its chapters. General discussion followed.

5. May 17, 1984, Canada Institute for Scientific and Technical Information. Social Meeting. Revision of constitution and introduction of Executive for 1984/85.

1983/84 has been a difficult year for us in terms of finding candidates for executive positions, and deciding on present and future directions for the group. The very existence and continuation of the chapter came under question several times. Fortunately, thanks to the conviction of most members that there was a purpose for our association, and a visit from C.H.L.A.'s incoming President, the decision has been made to continue, although on a smaller scale.

We will now have only three meetings a year instead of the previous five. Two of these three will be program meetings, and one a social meeting. We have also revised the nature of the executive, and in light of the transitions we have updated our constitution to reflect the new realities. We hope that the new arrangements will prove satisfactory and we look forward to a rewarding year ahead.

The Executive for 1984/85 will consist of:

President: Merle McConnell, Health and Welfare Canada - Health Protection Libraries
Secretary-Treasurer/President-Elect: Elizabeth Hawkins Brady, Canadian Nurses Association
Chairman, Program Committee: Philip Allan, National Defence Medical Centre.

MANITOBA HEALTH LIBRARIES ASSOCIATION

Submitted by: Sharon Allentuck,
President

M.H.L.A. had quite a productive year and I would like to thank the executive and committee chairpersons for their hard work and for making my job easier.

To highlight some of the activities of the last 12 months:

We had two excellent programs at our general meetings. The meeting in Brandon "Being Sick in Westman" was very interesting especially for those of us from Winnipeg. I was plesed that so many Winnipegers attended. The February meeting at the Victoria General Hospital was also quite well attended and the head of pharmacy there spoke about "Pharmacy based Drug Information Services".

Once again we participated in the MHO Conference which took place in April. Dallas Bagby and her committee provided us with an excellent program. Helen Bagdoyan from Georgetown University's Dahlgreen Medical Library accepted our invitation to speak about the Matheson Report and Georgetown's project development as a result of this report. Her topic was "Developing Tomorrow's Library today".

We now have a permanent mailing address. It is Box 232, Station C, Winnipeg, R3M 3S7.

The A-V Interest Group is now a standing committee.

A new brochure has been printed and will be distributed in the fall.

The Union Book Catalogue has been moved from St. Boniface Medical Library to the University of Manitoba Medical Library.

I was delighted that the Nominations Committee was able to recruit 3 people to run for each of the vacant positions on the executive. I would like to congratulate the winners and thank everyone for participating.

The University of Manitoba Medical Library has agreed to house the MHLA archives. I have volunteered to organize them and hope to do this work during the summer.

I attended 3 CHLA Board meetings as your president and gave reports at each of these meetings on our activities.

I have enjoyed my year as president of MHLA and I would like to thank the membership for your support and encouragement.

REPORT OF THE DEPARTMENT OF NATIONAL HEALTH & WELFARE

Submitted by: Daphne Dolan
Departmental Librarian

This report from Health and Welfare follows the practice set last year when I reported on the activities of the Libraries of the Department and of the Department itself.

On January 9, 1984, we catalogued our first book on DOBIS. All staff has been trained and productivity has improved. Our plans for reconversion of records that are in the card catalogue and in the batch-generated book catalogue will depend on special funds. To date, that has not been decided. In January, the National Library of Canada announced the availability of DOBIS for search-only access across the country. This new service will make all the collections of DOBIS member libraries available to you online.

The Health and Welfare Libraries are interested in an integrated library system using a minicomputer; in 1983/84, we put out a request for proposal (RFP) and examined the proposals of several consultants. The inadequacy of the proposals has caused us to change our plans, but the libraries are still intending to go that route.

In the area of collections management, the Departmental Library has continued its purchasing of compact shelving and has now made provision for three years growth. The Health Services and Promotion Library (HS&P) will be moving from one floor to another in the same building this fall. Any disruption in service will be communicated through BMC.

Health Protection Branch Libraries are gathering a retrospective collection on International Pharmacopeias for as many years as possible. These will be housed in the Departmental Library's secondary shelving area.

The appointment of Atsuko Cooke to the position on Manager of Collection Organization and Document Delivery took place in November, 1983. The competition for the Manager of Information Services position in being held at the present time.

The year has also been one of studies: Health Protection Branch completed a user study, and the Departmental Library has done turnaround time studies and the RFP for systems. We would be pleased to share our methodology or experience gained in the process.

The Department has been in the news all year because of the Canada Health Act. Officials were involved in discussions with the provinces, the health associations and the progress of the legislation through Parliament. The Act was passed on April 19, 1984, and goes into effect July 1, 1984. But there have been a number of other developments which affect health information specialists.

On May 16, Monique Bégin announced the progress of the Expert Advisory Committee on the management of severe pain using Heroin; the Committee expects to have completed its preliminary report by the fall. There will then be clinical trials for 12 to 18 months which will report Canadian experience with Heroin and the findings will be incorporated in the final report to be distributed to all physicians. In June, the Standing Committee on Health, Welfare and Social Affairs of the House of Commons will being public hearings on the therapeutic use of Heroin for cancer patients.

The Clearinghouse on Family Violence has been operating for two years and on April 18 the government announced an expanded program to help victims of crimes. In Health and Welfare, the Clearinghouse will receive $500,000 a year for three years to continue its work, and the Mental Health Unit of H.S. & P. will receive $200,000 a year for three years to do more research into the psychological and health problems. The Ministry of the Solicitor General will establish a victims resource centre for the collection and communication of detailed information to the public victims and a wide variety of professionals.

The Department of Justice will develop legal education materials, and all three departments will participate in the Federal/Provincial Working Group on Victims of Crime. I have names of contact people if you are interested.

Two recently published reports by task forces appointed by the Minister are:

Reproductive Health: Activities and concerns of a Health and Welfare Task Force on reproductive health,

Report of the Federal Task Force on high risk pregnancies and prenatal record systems,

Another noteworthy report is entitled: Alcohol in Canada - A national perspective by a Working Group on Alcohol Statistics.

The Information Service on Hospital Infection in the Laboratory Centre for Disease Control, HPB, serves hospitals around the country and is now in full operation.

* * * * *

EDUCATION COMMITTEE REPORT

Submitted by: Mary Conchelos

Membership

Members for 1983-84 were: Kay Beacock, Mary Conchelos, Jan Greenwood, Sandra Langlands, Geoffrey Pendrill, Elizabeth Reid, and Margie Taylor. Dale Nelson joined the committee but resigned in February and has not been replaced. The majority of members have served their two-year term; a new committee is being formed. Names have been put forward for consideration by the Board. A call for members was placed in the latest issue of BMC.

Meetings

The committee met eight times from August 1983 to May 1984.

Activities

1. Continuing education. An ambitious CE program was planned this year. Three courses, including two CHLA courses, were organized for the conference.

   CE 6 - Quality Assurance in Hospital Libraries was developed and is being coordinated by Elizabeth Reid. Four other CHLA members are involved in teaching the afternoon session.

   CE 7 - Microcomputer Workshop - is being co-sponsored by and held at the Faculty of Library and Information Science, University of Toronto. Lynne Howarth, the convenor, has brought together a good team of instructors to cover various aspects of microcomputers. The course will receive MLA credit.

   MLA CE 350 - Literature of Allied Health will be taught by Tom Kosman, and promises to be a lively and interesting course.

2. MLA CE 626 follow-up

   A questionnnaire was sent to all those who had participated in CE 626 in Winnipeg, to determine their specific interests in teaching and/or developing future CHLA courses. The response has been very promising. An appeal was also made to members as a whole to inform the Education Committee if interested in teaching or course development.

3. Conference Continuing Education Committee terms of reference. These have been circulated to Board members. The purpose of creating a separate subcommittee is to leave the Education Committee free to spend more time on long-term planning, especially on course development. We felt the Education Committee's role vis-a-vis CE should be more of a directional one rather than administrative. The reporting structure of the subcommittee reflects our concern that CE stay as much involved with Education as with Conference Planning.

I would like to thank the members of the Education Committee for all their invaluable help and hard work. Special thanks should perhaps go to Elizabeth Reid for taking responsibility for developing and administering CE 6.

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REPORT OF THE EDITORS, BIBLIOTHECA MEDICA CANADIANA
JULY 1983 - JUNE 1984

Submitted by: Bonita Stableford, Editor
Deborah Baillie, Assistant Editor

A. Publishing Activity

	Pages	Feature Articles	Comments
v.5 #1	37	5	1983 Conference
v.5 #2	37	4	Papers
v.5 #3	35	7	Theme: Drug
v.5 #4	33	5	Information
v.5 #5	40	4	Annual Reports

Total pages published: 182
The last five installments of CANHEALTH were published in v.5, as an insert.

B. Terms of Reference, BMC Editors

A change to a two-year appointment with alternating starting years was proposed and approved in principle at the Winter Board Meeting, February 1984.

The revised Terms of Reference follow:

CHLA Executive Manual

3.3 Editor, Bibliotheca Medica Canadiana
The Editor and Assistant Editor are appointed by the Board from among the general membership.

Appointments are made for a two-year period. The appointee serves as Assistant Editor during the first year, as a training period, and becomes Editor in the second year of appointment.

If necessary, the Editor may wish to select additional assistants for specific functions e.g. to coordinate news items, etc.

If possible, the Editor and Assistant Editor together should have proficiency in both English and French.

C. New Editor

Subject to the Board's approval, Ms. Jan Greenwood, Ontario Medical Association has agreed to become Assistant Editor for a one-year period, July 1984 - June 1985 and Editor for the period July 1985 - June 1986. B. Stableford will continue as Editor until June 1985, so that alternating terms may begin.

D. Newsletter

Following the Board's decision at the Midwinter Meeting 1984, a separate news section in BMC will be published in volume #6.

E. BMC Publishing Schedule 1984/85

	Article Deadline	To printer	To Mail
v.6 #1	29 June 84	20 July	3 August
v.6 #2	31 August	21 September	5 October
v.6 #3	2 November	23 November	30 November
v.6 #4	11 January 85	1 February	15 February
v.6 #5	29 March	19 April	3 May

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NEWS & NOTES

TWO NEW CHAPTERS FORMED

At the recent Annual Meeting, two new groups were officially recognized as CHLA chapters. These are:

Montreal Health Libraries Association
President - Arlene Greenberg

South Alberta Health Libraries Association
President - Bill Maes

Welcome and best wishes to these new chapters and their members. BMC looks forward to hearing from you in the future!

NEW HSRC ADVISORY COMMITTEE MEMBER

Dr. Anitra Laycock who has just been appointed to the HSRC Advisory Committee for a year term. Anitra is the Health Sciences Librarian at the Halifax Infirmary.

She replaces Kathy Eagleton (Brandon General Hospital). Other CHLA representatives on the Committee are:

Claire Callaghan
Dorothy Fitzgerald

CONTINUING EDUCATION

WHAT: Hospital Libraries Workshop

SPONSORED BY: Nova Scotia Health Libraries Association

WHEN: Friday, 17 August, 1984; 9:00 AM - 5:00 PM

WHERE: Dr. Carl Trask Memorial Library
Saint John Regional Hospital
Saint John, N.B.

At a winter meeting of the Nova Scotia Health Libraries Association (NSHLA) we discussed the possibility of having a programme which could involve more than just the Halifax-Dartmouth members. Ann Barrett, Librarian at the Saint John Regional Hospital was approached, and has enthusiastically agreed to host a one-day meeting for hospital library personnel from the three provinces. If you can attend, please complete the attached registration form. There will be no registration fee, but lunch and overnight accommodation, if required, will be your responsibility. Please contact:

Ann Barrett, Dr. Carl Trask Library, Saint John Regional Hospital, P.O. Box 2100, Saint John, New Brunswick, E2L 4L2.

PROGRAMME: (Subject to Some Change)

9:00 - 9:15	Welcome	Ann Barrett; Lawrence R. Gallant, Director, Human Resources, S.J.R.H.
9:15 - 10:00	Interlibrary Loans (New techniques - ENVOY, CAN/DOC, etc.)	
10:00 - 10:30	COFFEE	
10:30 - 11:15	Online Services	Hospital and/or University Librarian
11:15 - 12:15	Cataloguing, Serials (Experience with UTLAS, Serials Lists, Union List for N.S. Hospitals?)	Eugene Pelchat, Kellogg Library
12:15 - 1:30	LUNCH - Hospital Cafeteria	
1:30 - 2:00	Circuit Rider Concept (Description of Annapolis Valley Hospitals shared librarian concept)	Ann Manning/Circuit Rider Incumbent
2:00 - 2:30	Job Classification	Discussion, moderated by Ann Barrett
2:30 - 3:00	Canadian Health Libraries Association (CHLA) Conference	Description by those present who attended CHLA
3:00 - 3:30	COFFEE	
3:30 - 4:00	NSHLA (Future of the Chapter; how to serve a broader area; change of name?)	Discussion, moderated by Ann Manning
4:00 - 5:00	Open discussion of problems, ideas	All participants

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The 1985 meeting of IFLA will take place in Chicago from August 18-24, 1985. The Section of Biological and Medical Sciences Libraries will have a full program which is being planned in conjunction with the Medical Library Association. The Division of Special Libraries will have a program and social event planned in conjunction with the Illinois Chapter of the Special Libraries Association. The meeting will provide a unique opportunity for many American librarians to attend an IFLA conference, and it is unlikely that there will be another IFLA conference in North America in the near future. The Local Arrangements Committee is being chaired by Commissioner Amanda Rudd of the Chicago Public Library, and the Conference Program Committee is chaired by Irwin H. Pizer, MLA's representative to IFLA.

For more information, contact:

Commissioner Amanda Rudd,
Chicago Public Library,
425 North Michigan Avenue,
Chicago, Illinois 60611
U.S.A.

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TORONTO UNION LIST PUBLISHED

Toronto Health Libraries Association: Union List of Periodicals, edited by Susan M. Murray, 4th ed., 1984 has recently been published. This replaces the 3rd ed., 1979 Toronto Medical Libraries Group: A Union List of Periodicals Currently Received in Cooperating Health Sciences Libraries in Toronto and Vicinity.

The major change in this edition from previous editions is that it contains both current and retrospective holdings of the cooperating libraries. Entries are arranged alphabetically by title at time of publication with Index Medicus as the preferred format.

Periodical holdings of 52 cooperating libraries are represented in this union list; the cut-off date for reporting of data was April, 1983. With the exception of Dentistry, Pharmacy and Pathology (Banting) libraries, the University of Toronto libraries are not reported in this list. The union list database is managed using the MISTRESS database management system running under UNIX on a PDP 11/50 computer.

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POSITIONS AVAILABLE

REFERENCE LIBRARIAN - HOSPITAL LIBRARY, CALGARY GENERAL HOSPITAL

The Hospital Library, Calgary General Hospital, Calgary, Alberta, invites applications for the position of Reference Librarian.

Qualifications required include a degree in library science, significant reference experience and background in the health sciences. Knowledge of online searching (MEDLINE, DIALOG) is desirable.

Reporting directly to the Chief Medical Librarian, the incumbent provides general reference assistance, including bibliographic instruction, answers ready reference queries, formulates and processes online bibliographic search requests utilizing MEDLINE and DIALOG. Special responsibilities include journal scanning and orientation lectures.

The position is classified as Staff Librarian, with a salary range of $27,410 to $30,430 (1984-85). CGH provides a comprehensive benefit package for employees.

The date of appointment is November 1, 1984. Applicants should send curriculum vitae, transcripts of academic records and the names of three references in confidence to:

Elizabeth Kirchner (Mrs.)
Chief Medical Librarian
Hospital Library
Calgary General Hospital
841 Centre Avenue East
CALGARY, Alberta
T2E OA1
Tel.: (403) 268-9234

Closing date is August 31, 1984. The CGH is an equal opportunity employer.

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Our fully accredited, 500-bed hospital requires a highly motivated indidual to supervise all the functions of the Learning Resource Centre, currently housing 13,000 titles.

The successful candidate will possess a Masters degree in Library Science. Good human relation skills and previous experience are essential.

Please apply in confidence by August 24th to:

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Regina General Hospital
1440 St. John Street
REGINA, Saskatchewan
S4P OW5

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BIBLIOTHECA MEDICA CANADIANA

VOLUME 6 NUMBER 2 ISSN 0707 - 3674

BIBLIOTHECA MEDICA CANADIANA
VOL. 6, NO.2 1984

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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing an increased communication among all health libraries and librarians in Canada, but has special commitment to reach and assist the smaller, isolated helath library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editor are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliogrpahiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

The deadlines for submission of articles to V.6 are as follows:

6:3 November 2, 1984

6:4 January 11, 1985

6:5 March 29, 1985

Les dates limites pour des articles pour pour les envois à paraître:

6:3 2 novembre 1984

6:4 11 janvier 1985

6:5 29 mars 1985

FROM THE EDITORS

With the autumn fast approaching and the excitment of the federal election and visiting dignitaries past, one has a sense of settling down to routine work in a new and challenging environment. Certainly the BMC Editors sense this, as a new era of federal/provincial cooperation in a health care field begins. Although in our capacity as editors we are not official representatives of our respective organizations (Ontario Medical Association and Health & Welfare Canada), it was interesting to speculate on the type of agreement which might be possible if organizations could hammer out their differences in the same setting as we work on BMC -- a sunny Saturday in rural Ontario over a glass of wine!

Planning for this year's volume is progressing smoothly, and the following theme issues have been selected:

v.6 # 3 Occupational Health and Safety

v.6 # 4 Quality Assurance

Deadlines for submission of articles are November 2, 1984 and January 11, 1985 respectively.

Your suggestions and input, in the form of articles, bibliographies and news items are welcome. As always, members' input is the most crucial ingredient in producing a useful and successful issue. The rest is merely accomplished through the use of smoke and mirrors!

Keep the cards and letters coming!

Jan Greenwood
Assistant Editor

Bonita Stableford
Editor

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A WORD FROM THE PRESIDENT

Davis S. Crawford

When both my predecessors were in office they used to telephone me from time to time and frequently seemed to be in a crisis over their column for B.M.C. Though I was, I hope, sympathetic I really felt that they were making a mountain out of a molehill as the column was not expected to be very long or even very scholarly and, for heaven's sake, was only needed five times each year. Now that I am in their situation I sympathise much more and will soon start telephoning my successor for ideas and comfort!

The last column discussed the Board's concerns with the production of union lists of serials in Canada and we have now had some discussion with the National Librarian. To date we have established that titles reported to the scientific union list but which better fit in the social sciences one are exchanged (and vice versa) and that the National Library does see the value of being able to produce individual library or groups of library lists from the combined data base. In addition the National Library agrees that it would be desirable if the form of entry in the lists followed AACR 2 standards. So far so good. Now the bad news - improvements to the union lists are not high on the priorities for the National Library. To try to get this very necessary project moved to a higher priority at the National Library the Board will be discussing several motions at its meeting in late September. I will report to you again when we have discussed the matter further but would be happy to receive comments and suggestions from individual members and from Chapters at any time.

A few days ago I had cause to look back over old issues of BMC and its predecessors and came across the first list of members - dated Spring 1977. In that list we had the names of 144 members and subscribers, today we have 372 members and 43 subscribers. Many of the members in our first list are still with us today, others have vanished from our lists as they leave the field of health libraries or forget to pay their dues. (REMINDER! DUES NOT PAID BY OCTOBER 1 RESULT IN A SURCHARGE OF $5.00)

Another item of note in the comparison of the two lists was that many of the same people who worked on committees, organized conferences, wrote for BMC or served on the Board are still doing these things. It is wonderful to see people with a long term committment to the Association and good to see others come in to work on a project where they have expertise or help at a conference in their area and then return "to the ranks". One of the roles I see as most important for the President in particular and the Board in general is to encourage members to become involved in the work of the Association at either a local or a national level and with this in mind would greatly appreciate hearing from members interested in serving on Committees or working on task forces. If you do have such an interest the Board will try to accomodate you when it makes Committee appointments next summer.

I look forward to hearing from you and will try to report fully next time on the Board's discussions on union lists, conference planning for our Calgary meeting next year and other items of Association business.

* * * *

UN MOT DU PRESIDENT

David S. Crawford

Mes deux prédécesseurs à la présidence m'appelaient de temps à autre pour me parler sur un ton presque de panique de leur rubrique dans BMC. J'essayais de me montrer plein de sympathie, mais je trouvais en réalité qu'on se faisait beaucoup de bile pour un texte pas très long ni très savant et qui, de toute façon, ne paraissait que cinq fois par année. C'est moi maintenant qui dois préparer un texte et je vais bientôt commercer à appeler mon successeur pour demander des idées et de la sympathie!

Mon dernier "mot" portait sur les préoccupations du Bureau en ce qui concerne les catalogues collectifs de périodiques au Canada, et nous en avons parlé avec le directeur général de la Bibliothèque nationale. Il y a échange des titres qui sont signalés au catalogue collectif scientifique mais qui relèvent davantage des sciences sociales (et inversement). La Bibliothèque nationale comprend l'utilité des sous-listes par bibliothèque ou par groupe de bibliothèques et elle est d'accord qu'il serait désirable d'adopter les règles de signalement de l'AACR 2. Parfait jusque-là. Par contre, l'amélioration des catalogues collectifs n'est par très prioritaire pour la Bibliothèque nationale. Afin de rendre ce project essentiel un peu plus prioritaire à la Bibliothèque nationale, le Bureau compte étudier plusieurs résolutions à sa réunion de la fin de septembre. Entre-temps, j'aimerais bien connaître l'avis des membres et des sections à ce sujet.

Il y a quelques jours, je parcourais d'anciens numéros de BMC et de ses prédécesseurs quand j'ai aperçu la première liste de membres, datée printemps 1977. Nous avions alors 144 membres et abonnés. Aujourd'hui nous avons 372 membres et 43 abonnés. Beaucoup de membres de 1977 sont encore des nôtres, mais d'autres ont quitté la profession ou ont oublié de verser leur cotisation (UN RAPPEL: LES COTISATIONS NON PAYÉES AU 1er OCTOBRE AUGMENTERONT DE 5 $).

En parcourant cette liste de 1977, j'ai aussi constaté que beaucoup de personnes qui s'occupaient alors de travaux de comités, d'organisation de conférences, d'écrire pour BMC ou de faire partie du Bureau s'occupent encore de ces activités. C'est merveilleux de voir ce genre d'engagement à long terme et aussi de voir l'un ou l'autre membre s'occuper quelque temps d'un secteur bien connu ou aider à organiser une conférence dans sa région pour ensuite redevenir "simple membre". Il me semble qu'un rôle essentiel du président, et du Bureau en général, est d'encourager les membres à participer aux activités de l'Association à un niveau local ou national, et je serais donc très heureux que des membres communiquent avec moi pour participer à tel comité ou tel groupe de travail. Si vous vous intéressez à l'un ou l'autre dossier, le Bureau essaiera d'en tenir compte l'été prochain lorsque les comités seront constitués.

N'hésitez donc pas à communiquer avec moi. La prochaine fois, je vous parlerai plus en détail des catalogues collectifs, des prépararifs de la rencontre de Calgary l'an prochain et d'autres questions qui intéressent l'Association.

* * * * *

DOWNLOADING

Ellen Jones
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ABSTRACT

The presentation begins with a brief explanation of downloading. Next follows a discussion of the hardware and software requirements. Details of downloading experience at FLIS are provided and a listing of the advantages and disadvantages of downloading online searches is given. Finally, a description of an existing system is given which offers multiple capabilities for downloading and searching online search results.

DOWNLOADING DEFINITIONS

Donald Hawkins, a well-known writer in the online field defines downloading as: "the capture of the search results in machine-readable form on a floppy disk and then using the microcomputer to manipulate the output."[1] Barbara G. Inkellis offers another definition: "the movement of machine-readable data procured legitimately (the user procured the information via channels that are designed for this activity and compensate the information providers) onto the user's own computer for subsequent use. Downloading is to machine-readable data what photocopying is to information embodied on paper; it is a technologically advanced form of copying."[2]

DOWNLOADING OVERVIEW

Cuadra Associates have carried out a multiclient study of downloading and its effect on the online database market. They found that downloading has become a standard feature on online searching and its use is likely to continue. The database publishers and vendors have become more concerned since microcomputers were adopted by libraries and information departments. In a survey of 625 users and 150 suppliers they found that 37% of the 625 users said that they were downloading. Their purposes were to delay local printing until searches had been edited, temporary retention, permanent retention for use in local databases and resale.[3]

HARDWARE COMPONENTS NEEDED FOR DOWNLOADING

There are several components needed to download online search results. They are listed below with a few hints on what to look for:

1. microcomputer

   - with enough internal memory to hold communications software package and a lengthy downloaded search
   - serial interface port
   - 80 column display

2. disk drive(s)
   - better to have two disk drives, one to hold the communications software and the other on which to store the downloaded data

3. printer
   - ability to print at the speed of your modem
   - compatibility with communications software

4. modem
   - compatibility with communications software
   - variable speed provides the most flexibility
   - auto-dial, auto-answer function
   - switchable duplex

5. add-ons
   - some microcomputers do not have serial interface ports so you need a "Y" splinter cable for simultaneous printing to the screen and to the printer
   - RJ11C "direct connnect" plug-in jack
   - plug in boards for display control usually for APPLES for generating upper and lower case, 80 column format
   - QUAD board - printer buffer, performs CPU controller operations
   - spooler operations

In addition to hardware, it is necessary to have a software package(s). One package is needed to allow the microcomputer to communicate with the host computer and to store the downloaded search results in a file. Another is needed to manipulate the data once it exists as a local file. This second type of software is often a word processing package. A third option is a database management package which can manipulate the data after it has been edited by a word processing package.

The SCIMATE package available from Institute for Scientific Information does the work of these three functions in one package.

WHAT TO LOOK FOR IN SOFTWARE PACKAGES FOR DOWNLOADING AND ONLINE SEARCHES

The following are some characteristics the reader should look for in a communications software package to use with a microcomputer for the purposes of performing online searches and downloading the results.

1. flexibility
   - to set baud rate
   - to set parity
   - to set duplex
   - to set phone type
   - to recognize different character sets
   - to set print speed
   - to define column width of data received
   - to review capture buffer

2. local store and send capability
   - to store profiles of communications protocols phone numbers, passwords, search strategies
   - to transfer files to another computer eg. a host like MEDLINE by "uploading" a search strategy or to an end user showing draft results of an online search and requesting comments before further editing.

person requesting the information but previously very little was done in terms of typing up bibliogrpahies which resulted from searches. Often the client would get "scraps" of paper and sometimes the documents. After they took away the results, we had no copies of the relevant material located. So, now with downloading, we have evidence of what was found and the ability to manipulate that data into spin-off products. I found that we often had repeat questions...or at least questions that we could use a bibliography previously prepared. We keep a file of the bibliographies completed on the reference desk in the public area and it is well used. The downloading of searches provided an impetus to finish the job and produce a polished product which could be added to the public file.

The costs involved with downloading a search for editing and loading into a database are related to the following factors:

1. time online to retrieve the data

2. time to edit results i.e. rearrange data elements of the citation, expand journal names to full form, enter data found in a manual search, rekeying captured data into upper and lower case (some databases like INSPEC present the citations in upper case only) and to merge multiple database search citations into one sequence

3. proofreading and correcting machine-readable data for producing final copy.

We did not buy special software to perform these tasks. We used communications software packages Crosstalk and later PC-Talk to download the citations. We then worked on the downloaded file with WordStar, a word processing package. The objective was to reformat the data with WordStar to make it possible to load the data into DBase II which would sort the data on various keys. DBase II's report format is in tabular form (columns) which is not exactly what we wanted but this is what we started with.

However, the drawbacks of downloading and editing became obvious very early on. It took far too much time to do the editing. Longer than to do the search...much longer. Downloading for permanent storage and manipulation is not viable unless data elements can be manipulated automatically. Editing with a text editor, even with the global search and replace functions, is too time consuming.

In 1983, SCI-MATE was not avilable and even when it did become available it would not run on our machine. Now, SCI-MATE is available for the IBM/XT. We have done some experimentation but have not been able to successfully download several citations into our local database. We have experienced problems with lost characters in transmission. Also, the downloading is not always reliable. SCIMATE looks like a good package but I will reserve judgement until I feed confident that it works. I might say that this package is designed for end-user searching. I wonder how inexperienced customers are faring.

ADVANTAGES OF DOWNLOADING ONLINE SEARCH RESULTS

1. local keying of search strategy
   - allows for editing of search before it is transmitted
   - speedier transmission because just one key is pressed to send a string of characters, saves time of typing on connect time
   - SDI profiles can be stored locally and run on demand at user convenience

2. automatic dial up and logon procedures
   - automatic dialing to telecommunications network through the profile stored in the communications software
   - DATAPAC number and passwords and account numbers can be stored in function keys and transmitted with the use of one key

- file transfer can be done in block or line by line
- ability to insert delays in the transmission to match the rate of data acceptance at the host

3. keyboard
   - ability to define function key assignment
   - keyboard mapping for break key
   - large storage capacity for function key assignments

4. local receive and store capability
   - reporting on number of bytes left in the capture buffer
   - report on file status i.e open or closed
   - ability to use one file name and to open and close that file without overwriting previous data

5. multiple and simultaneous output
   - ability to simultaneously send output to the screen, to the printer and to the CPU of the computer
   - ability to selectively print and capture data from the host

6. compatibility with text editing and database management software character sets
   - package must be able to create and manipulate text of function key assignments etc.
   - text editor should allow the imbedding of control characters i.e. carriage returns
   - compatible with a word processing package
   - compatible with a database management system or a sort package character set so that indexing and retrieving of information is possible

FLIS LIBRARY APPLICATIONS

In May 1983, the FLIS Library purchased an IBM PC XT (one floppy drive and one 10 megabyte hard disk), a Hayes Smartmodem (300 baud) and a software package called Crosstalk. This equipment and software were planned to be used to do online searching, download citations, edit them and enter them into a local database (using DBase II).

The type of question I often receive from faculty members seemed to be a good application for this. These searches were usually performed for faculty members who were preparing reading lists for new or existing courses. The search topic was usually very broad like "new technology and libraries" and required searching in 3-5 databases. The printouts were voluminous. The final list may contain 25 to 50 citations.

I started to download some searches to experiment with manipulating the data for output. I essentially wanted to be able to merge citations from different databases, to eliminate duplicates and irrelevant citations, as well as to enter citations for items found in a manual search. I wanted to load the citations into a database management system in order to sort the citations on some criteria, usually author. Then I wanted to print out the citations in bibliographic format suitable for use in a bibliography.

Online searching has aided the speed of processing these requests. Downloading has not. Editing the text with a word processing package is indeed possible and we have been able to double the number of bibliographies produced. However, the increase in productivity is due to having the citations in machine-readable form and this served as an impetus to do something with results. Generally, reference questions were answered for the

3. shared visual space possibilities
   - shared visual space is the ability for the search statements and the search results to be seen on two different terminals or microcomputers at the same time, one where the searcher is and one where the end user is
   - increased participation of the end user in the direction of the search and the evaluation of search results
   - ability to receive search results immediately even if the end user is not physically with the searcher at the time of the search

4. search results can be saved
   - to edit
   - to use to demonstrate an online serach as back up for downtime during demonstrations or as a teaching aid

5. search results can be edited
   - elimination of duplicates
   - deletion of false drops, typo's
   - reformating of citations
   - merging of results from several databases into one sequence
   - elimination of unnecessary fields
   - entering of results of a manual search
   - adding of covering letter with comments from searcher to the end user

6. search results can be printed after editing
   - can create camera ready copy on letter quality or photocompositon equipment
   - ability to create spin-off products
   - improvement of appearance of search results with letter quality printout for the user - more legible
   - output can be printed on 3 x 5 cards or other physical formats

7. search results can be transmitted to the end user electronically
   - fast
   - more convenience for the user
   - can be used as an electronic mail type facility to transmit experts search strategies to field locations

DISADVANTAGES OF DOWNLOADING ONLINE SEARCH RESULTS

1. the need for special and expensive equipment
   - largest portion of the investment is in the microcomputer and its printer
   - software to interface the microcomputer to online searching system
   - software to edit the output
   - software to sort or manipulate the date for in-house retrieval
   - supply of floppy disks

2. the additional time required
   - extra steps added to the search process
   - may decrease user satisfaction because of time delay
   - may lower searcher productivity
   - time to learn software and hardware characteristics and functions

3. legal issues
   - downloading can not be done legally from all databases
   - receiving copyright permission is often a time consuming and lengthy process
   - royalty payments increase the cost of the processing of information

4. additional skills
   - text editing
   - database creation
   - automated retrieval principles and practices
   - microcomputer, telecommunications knowledge

CASE OF ADVANCED CAPABILITY

I'd like to summarize this discussion of downloading with an abstract included in a paper given at the Online '82 Conference. The authors describe an advanced system which I would like to share with you. This is the type of system which would greatly increase the usefulness of online searching and provide either the intermediary or the end-user opportunities for further analysis of online serach results.

"The 'TIS' Intelligent Gateway Computer at the Lawrence Livermore National Laboratory provides authorized users automated access to other information centers [ie libraries and online database services] downloading of descriptive information and numerical data, and post-processing of bibliographic citations. Included is the aggregation of extracted information into topical [subject] files, the elimination of redundancy, and online review for the creation of annotated relevant sets. Post-processing of the reviewed information can be carried out by permutation of titles, abstracts, and descriptors with statistics (some in graphical form) of their single/multi-term expressions, statistical cross-correlation of data elements [author, descriptor, corporate author or country] and the creation of concordances and indexes. These tools give new insight into a subject matter or the characteristics of corporate/personal publications. These self-guided procedures can be performed online from remote terminals by telephone dial-up, WATS-lines, over TYMNET, and via the RPA computer network. The TIS Intelligent Gateway Computer permits the linking of terminals among users. Information specialists and information requestors may jointly view and discuss the progress of an interactive search and its analysis from any location. Uncertain legal constraints by commercial information vendors limit the use of downloading and post-processing at this time [1982] to bibliographical information in the public domain."[4]

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Compiled by Ellen Jones.

June 1984

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MICROCOMPUTERS IN THE LIBRARY

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I would like to begin by alerting those of you planning to work with microcomputers about some of their insidious and addictive effects:

1) For the first 6 months expect to spend all too many coffee breaks fervently discussing micros. In subsequent months, the same time will be spent confidently bemoaning how boring it all is.

2) If you are like me, expect to devote hours each week compulsively scanning the microcomputer literature that will soon seem to bury you in paper.

3) In general, don't be surprised if you spend twice as much time with the microcomputer as you could ever imagine. Much of this time will be spent sharing newly acquired accomplishments and problems with other microcomputer users.

Allow me to briefly describe some of our experience with the microcomputer revolution at the University of Manitoba Medical Library.

The Medical Library acquired our first micros, 3 Apple IIe's, in March 1983. Total cost was approximately $2400 per machine; today the same setup is less than $2000. This included a monitor; today the same setup is less than $2000. This included a monitor and two floppy disk drives. A dot matrix printer and several software packages including "Superpilot" for computer assisted instruction programming, and "Quickfile IIe" for file management were also purchased. Funding and selection of this equipment was relatively painless. Funds were obtained from the Faculty of Medicine to support the developing use of Computer-Assisted Instruction in the teaching program. The Apple IIe was selected simply because most of the existing CAI programs of immediate interest were designed for the Apple.

Beyond CAI applications, much of our motivation in obtaining micros was not initially well defined. We did not have a particular data processing need to fulfill; most of those seemed to be satisfied by our link with the university mainframe computer we did, however, want to give ourselves an opportunity to become more intimately familiar with the potential and use of the microcomputer in the library. Of equal significance was the increasingly evident use of unicrocomputers by our patrons. They were interested in applying their machines to all sorts of bibliographic purposes such as personal data base systems and doing their own online searching. Services such as BIOSIS's BITS, DIALOG's Knowledge Index, BRS Medical Colleague, AMA's MINET, and ISI's Scimate were just emerging as indicators of the road ahead. We felt it crucial that the library be able to contribute in some way to these developments.

The arrival of the new Apples ready to be uncrated brought home an important consideration. Although we were about to reap the benefits of a dedicated and devoted computer, we would also have the responsibility of caring for our new acquisition. This would range from ensuring the security of magnetic data to figuring out what to do when the machine or program fails.

My first substantial encounter with the microcomputer involved an opportunity to test the well-known electronic spreadsheet program called "Visicalc". This innovative number-crunching program allows easy manipulation of tabular data and is especially useful

for financial models and projections. At that time, I was working with an acquisitions budget committee given the task of recommending allocations for different library units within the university system. We had impressive price data and other indices on which to base our allocation model, but we had no easy method to calculate or set out the resulting projections. Motivated by the immediacy of this problem and the availability of both the micro and Visicalc, I quickly mastered enough of its mysteries to save this budget committee many hours of mind-numbing calculations. Moreover, we now had a powerful tool for budget projection and analyses. A significant realization was how relatively easy it was to take advantage of micros and that learning how to program was not a prerequisite for their effective use in libraries. There are now many new products that have been designed specifically to allow sophisticated use of the computer with little background or programming knowledge. The new Lisa and Macintosh computers come immediately to mind. As well, library dedicated programs are rapidly appearing in the micro marketplace which make customizing your own program an increasingly unviable option.

Other applications which we have tried on our Apples are outlined. As I hinted before, time is one of the greatest impediments to using the micro. Although ultimately intended to save time, there is no denying the need for a large initial investment in time and effort to develop proficiency with different programs, decipher manuals, and just get things working as you think they should. With better software and documentation now being produced, many of these snags should be eliminated.

Much of our experience has been with off-the-shelf software available in computer stores. We have been able to try out many programs through barter or borrowing arrangements with other Apple users, particularly within our Faculty. The availability of a network of other users of the same machine is an important consideration in selecting your micro. As well, many people have come to the library to trying out some of our software purchases and then buy it themselves. We foresee that this type of activity may grow into a more formalized library service, especially for software intended for personal bibliographic management, online searching and computer-assisted instruction.

Many applications thus far have been administrative, in nature with word processing probably the most used and appreciated. Preparing presentations, manuals, grant applications, reports of all types, have been speeded up considerably. We have used a simple but effective program called "Wordhandler" which takes less than an hour to learn.

The Visicalc electronic spreadsheet program mentioned earlier has also been a tremendous boon in providing tabulating power not available before. In addition to budget allocations, we have used it to maintain public service and computer searching statistics and to monitor various account expenditures. The spreadsheet model has tremendous application potential, especially with the appearance of much more powerful integrated programs such as "Lotus 1, 2, 3" for the IBM-type personal computers. As an indication of possible future directions with this type of software, there is now a small library consulting from in the U.S. acting as a non-profit clearinghouse for library applications developed on popular program such as Visicalc.[1]

The micro as an intelligent terminal is another major application which is especially attractive for those libraries considering the purchase of a terminal. We have tried several communication programs including "Visiterm" and "Ascii Express, the Professional"; to varying degrees, these provide features such as terminal emulation,

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1. Library Microcomputer Template Clearinghouse, C/O Microcomputer Libraries, 145 Marcia Dive, Freeport, Illinois 61032

automatic logging on to remote computers, downloading and editing of search results, uploading of preformulated searches and text files. We have yet to discern any particular advantage in abandoning the existing 1200 baud terminal and intelligent modem for the delights of downloading and easy logons. On the other hand, the micro as terminal has been the basis for several seminars on "Online Searching Using the Micro". With microcomputer use by Faculty and students increasing, along with such services and products as "Knowledge Index" and "Scimate", the Medical Library hopes to offer ongoing instructional sessions on do-it-yourself searching, search strategy design and personal filing systems.

Building databases with the micro has also been of considerable interest, although in practice, we have not had time to do much with the software we own. We have tested programs such as "DB Master", "Data Factory", "Quickfile", and "Bookends", with others such as much touted "DBase II", still waiting to be tried.

Most of these Apple programs are more suitable for small listings, not requiring sophisticated indexing or information retrieval capabilities. For example, we have created a catalog of videotape cassettes, about 150 short records, on "Quickfile", as well as using it for mailing list records, labels, and for producing small bibliographies. "Bookends" is also a very useful program specifically designed to produce bibliographies.. All these packages allow easy editing and updating of records, as well as sorting and production of differently formatted reports. "DBase II" purports to be much more powerful but we are still limited by the processing speed and internal memory constraints of the 8 bit Apple and the relatively meagre memory capacity of its floppy disks. For applications requiring more than several hundred records, larger storage capacity in the form of hard disk drives, is required as well as a upgrade to a more powerful microcomputer.

The Apple is, admittedly, a comparatively underpowered, albeit versatile machine that is not particularly suited for heavy duty use with larger databases. However, it has served the Medical Library very well for what we wanted and has provided library staff with the basic knowledge required for future developments.

* * * * *

THE INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) LIBRARY

Sharon E. Henry
Centre Librarian

Introduction

The International Development Research Centre (IDRC) Library is an example of how one institution has chosen to be part of the development of new technology and to use it to its full advantage. The paper will focus on the activities of the IDRC Information Sciences Division and in particular, the Centre's Library. Special emphasis will be placed on outlining the Library's Development Data Bases services.

IDRC is a public corporation, founded in 1970 by the Canadian Parliament. (Revised Statutes of Canada, 1970). Its purpose is to stimulate and support scientific and technical research by developing countries for their own benefit. The Centre is governed by an international board which ensures developing country input at the policy-making and decision-making levels. The three working languages of the Centre are English, French and Spanish. Headquarters of the Centre is in Ottawa with regional offices in Bogota, Cairo, Dakar, Nairobi, New Delhi and Singapore.

IDRC was one of the first organizations to devote its resources primarily to supporting projects which are identified, designed, carried out, and managed by research personnel in developing countries and which meet the needs which they, themselves, determine to be priorities (Sly, 1982).

The activities of IDRC are carried out by five program divisions: Agriculture, Food and Nutrition Sciences; Communications; Health Sciences; Information Sciences and Social Sciences. In addition, there are two divisions for collaborative programs, the Fellowships and Awards Division and the Cooperative Programs Division. The latter Division promotes collaboration between scientific research groups in developing countries and their counterparts in Canada. The Library is administratively part of the Information Sciences Division although its mandate is to serve the Centre as a whole.

Centre Library

The objectives of the Library are to facilitate access to information about Third World development. This objective is met by the three main functions of the Library which are:

1. To provide reference and information services to IDRC staff and projects, the Canadian development community, and as resources permit, other development communities;

2. To act as a test-bed for technological, methodological, and bibliographical developments and standards that may be appropriate for adoption by the international community and for implementation within IDRC projects; and

3. To provide advice and training in these developments and standards to developing countries.

The Library's collection of approximately 42,000 titles and more than 4,000 serials titles, is a current one, built around the needs and objectives of the Centre as a whole. A large part of the collection originates in developing countries and is obtained through exchange agreements with over 700 institutions throughout the world.

Minisis

Library management and information retrieval are supported by MINISIS, a generalized information management system developed at IDRC to run on the Hewlett-Packard 3000 series of minicomputers. To facilitate access to the Library's material, items are catalogued, classified and indexed using the Unisist Reference Manual for Machine-Readable Bibliographic Descriptions, the Universal Decimal Classification (UDC), and the Organisation for Economic Co-operation and Development (OECD) Macrothesaurus for Information Processing in the Field of Economic and Social Development. Access to the collection is provided through COM (Computer-Output-Microform) fiche indexes for personal author, corporate author, title, serial title, and corporate author authority listings. Online searching of the Library's data base, BIBLIOL, provides numerous access points, including access by subject and by institution name. MINISIS was developed primarily for use in information systems and libraries, but is flexible enough for a variety of non-bibliographic applications. It is functionally compatible with the ISIS family of information systems (Valantin, 1981).

In the IDRC Library, MINISIS is used for acquisitions, cataloguing, indexing, and information retrieval. Other users such as the Agricultural University in Wageningen, the Netherlands, have developed modules for circulation and serials check-in (Godfrey, 1980). In addition, the Agricultural University assisted IDRC in the development of a module for Selective Dissemination of Information (SDI). The International Labour Office (ILO) Library in Geneva is developing a user-interface module to facilitate access to MINISIS by users directly without an intermediary such as a reference librarian.

The MINISIS software is used in over 92 institutions in 34 countries, both developed and developing. Institutions in developed countries can obtain MINISIS from Systemhouse Limited which is the North American distributor.

Development Data Bases Service

Another of the services the IDRC Library provides is the Development Data Bases: Use in Canada service. This service started in 1980 as a two-year project to make available online to Canadian government and not-for-profit institutions, the Centre's data bases, as well as the data bases it received from international organizations. Due to the success of the Development Data Bases project, it was incorporated as part of the regular users' services of the Centre Library in 1982. The service is, in essence, provided free of charge to more than one hundred institutions across Canada (Audet and Henry, 1982). Libraries which are interested in obtaining online access to the service should contact the Centre Library.

IDCR was, and still is, the only institution in Canada to acquire bibliographic data bases complied by the Food and Agricultural Organization of the United Nations (FAO), the International Labour Office (ILO), the United Nations Educational, Scientific and Cultural Organization (Unesco) and the United Nations Industrial Development Organization (UNIDO). Recently, the data base of the United States Agency for International Development (AID) was added to the service. In November 1984, users will have access to a combined project information data base, IDRIS, (Inter-agency Development Research Information System) containing information from IDRC, the Swedish Agency for Research Cooperation with Developing Countries (SAREC), the German Appropriate Technology Exchange (GATE), the International Foundation for Science (IFS), and the Board on Science and Technology for International Development (BOSTID).

In addition, to the international data bases, users have access to five in-house data bases: BIBLIOL (the holdings of the IDRC Library); DEVSIS (literature emanating from Canada on the economic and social aspects of Third World development); ACRONYM (acronyms pertaining to Third World development); PINS (information on IDRC projects) and SALUS (literature on low-cost rural health care and health manpower training in developing countries). The last data base contains over 10,000 references, most of which are available in microfiche through the IDRC Library. The citations in the data base are published as volumes of the bibliography "SALUS; Low-Cost Rural Health Care and Health Manpower Training" which began in 1975.

Word Processing

The Library was one of the first units in the Centre to effectively use word processing machines. The MICOM, now used throughout the Centre and in many of its regional offices, can be also used with either of the Centre's HP computers. In addition to MINISIS, the Library has access to the Centre's financial management system, FINMIS, and its project management information system, PROMIS. As the telecommunications capabilities improve throughout the world, online communication with IDRC's regional offices will become routine. Presently, only the Singapore and Bogota offices are linked to the Ottawa headquarters using their MICOM machines but we anticipate Nairobi becoming linked in 1984. Direct online access to the headquarters computer will be a reality towards the end of 1984 for the Singapore office.

These developments open a range of exciting possibilities and policy questions for the Library. We are investigating the most effective way of having regional offices access our data bases and of organizing their material so that we have access to it. As well, alternatives to printouts for the transmission of information from our data bases are being considered, given the capabilities of the technology. As the Centre upgrades its MICOM's and begins to use minicomputers more, the possibilities are far-reaching.

Minisis/Unimarc Interface

The International Federation of Library Association and Institutions (IFLA) and IDRC are jointly working on the design and implementation of an interface to UNIMARC (Universal MARC Format) to permit the compatible exchange of information with libraries using MINISIS systems. The interface which will be ready for distribution to MINISIS users in 1985 will also offer some facilities for handling variants of MARC and the Common Communication Format (CCF) (Godfrey, 1984).

Electronic Mail

The Library is using ENVOY 100 as an electronic mail system primarily for inter-library loans and for communications with the external users of the Development Data Bases service. The Information Sciences Division has been operating since 1983, a computer conference using the Electronic Information Exchange System (EIES) and is actively investigating the use of computer conferencing systems in developing countries.

Microcomputers

The Information Sciences Division of IDRC is currently undertaking a modest effort to develop some software for bibliographic applications to run on different microcomputers. The software is designed to assist small peripheral nodes in an information network to contribute references to a central network computer in machine-readable form. Essentially, it is a data entry package without facilities for searching or generating indexes. There are generalized modules to define very flexible data structures; to enter and modify data; to define print formats and print data; to output data in a single "line format"; and to perform general data base housekeeping functions. It is being written in PASCAL and

develop on an IBM PC but will be largely "moveable" to different hardware using the CP/M or MS/DOS operating systems. Once the software is completed by the end of 1984, the source code and all the documentation including the internal documentation, will be available free of charge on request (Gavin, 1982).

Conclusion

The Centre Library is fortunate to be part of an institutional environment which has a committment to using and experimenting with new technology. Use of these technological developments has enabled the Library to continue to improve and upgrade the services it offers to the Centre staff in Ottawa and abroad and to the Canadian research community interested in Third World development.

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THE ROLE OF VIDEOTEX IN THE DISSEMINATION OF HEALTH INFORMATION

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EDITORS' NOTE

This concludes the article on videotex by M. P. J. Taylor published in BMC v.6 #1, 1984. Through an error on the part of the editors, the last section of the article was ommitted. We regret any inconvenience which this may have caused.

Two other current videotex projects are of a different nature from the general public or hospital information systems discussed above. These two projects both focus on the use of videotex for the disabled. At the Children's Hospital of Eastern Ontario in Ottawa, Ontario, the Department of Speech and Language Pathology has developed a learning package for parents to use at home with their children called the Telidon Articulation Screening Test of Speech Sound Production. This test "utilizes the graphic capabilities of Telidon to produce colourful, vivid and easily identifiable images for preschool and young school age children" [13]. It is designed to test speech sound development patterns of children and can be used by parents with limited training in that the pictures (thirty-five in all) are designed to elicit verbal responses with a minimum of prompting. The program thus facilitates organized observation of speech.

The Telsarc project of the Saskatchewan Association of Rehabilitation Centres is also trying to investigate the potential of videotex for improving the quality of life for the disabled and elderly [14]. The Telsarc database offers options to shut-ins in Regina such as teleshopping, telebanking, games, airline reservations, income tax assistance and general information. Telsarc also uses Closed User Group terminals designed to allow specific users access to a specialized block of stored information. The Telsarc project is part of Sask-Tel's Pathfinder Telidon trial and as such is able to offer several new videotex developments to its users e.g. an audio component, a zoom feature, an online newspaper and an online bus movement schedule.

These current videotex projects and trials were chosen to show the variety of health applications now available. Of course, the potential applications identified in the last section are also likely to be appearing soon. The response to the emergence of videotex technology in health care has been largely positive from the findings in the literature. The next section will try to summarize the impact, both positive and negative that the technology will have on health care in the future.

What will be the impact of videotex technology in disseminating health information to the consumer? It has been said that because videotex systems can store massive amounts of information on all sorts of health and community services, that they are a "panacea for all current problems of communication breakdown and alienation which affect residents of present-day communities" [15]. However, there are important issues that underly this assumption that must also be addressed. One of these is that acquiring and maintaining a database of valuable health information is only one half of the battle in health promotion; the other half is to match this information to individual needs. To do this successfully, the indexes to videotex systems must be comprehensive, efficiently structured and up-to-date and they must be able to handle a wide variety of users and subjects. Much more research is needed in this area. Furthermore, research is needed to determine how consumers search for health information and then videotex systems must be modified to accomodate these information-seeking habits.

Another important question is the value of the human intermediary to the delivery of health information. When can this human element be eliminated from the health education process? Computer-naive users will still require some human guidance in making use of videotex systems and it may also turn out that users do not like eliminating human interaction in their search for health materials. Indeed, some users may need help in deciding which health topics and issues are relevant to their needs because the terminology may be difficult for them to understand. Research must also be done to compare the use of videotex for health education with traditional methods such as one-to-one counseling to see if there are differences in knowledge gain, attitude change or user preference for a certain mode of delivery of health information.

A third issue is the accuracy of the health information supplied on the videotex system. It is all very well to get health information to the public via this system but who is going to be responsible for making sure that the information is true: the Information Provider, the Videotex Database Developer or the Communications Carrier? Faulty, out-of-date information is potentially very dangerous and yet no regulatory body exists to oversee the quality of health information supplied on these systems. If videotex is perceived by the public in any similar way to television, the content may be accepted as the gospel truth just because it appears on the TV screen. If errors are found by the public and complaints made then some quality control may exist, but complaints may be too late to prevent a serious medical mishap and consumers may not know enough to complain.

The fourth question regarding the impact of videotex is cost. In Britain, users pay per page of information accessed. In Canada and the United States, users tend to pay monthly or hourly charges. Will health information be included in these fee systems or will there be subsidies for this general public interest information? If there are no subsidies, is there then a possibility that only the rich will be able to afford this information? Will the fact that certain health information is published on videotex systems prevent it from being published in other, cheaper formats?

The question of negative impact of videotex and other 'pushbuttom technologies' has been very well described by Vincent Mosco in his book Pushbutton Fantasies [16]. Some of the potential negative issues that he identifies are:

1. The creation of a society of electronic hermits who will rely totally on the videotex system to communicate with each other.

2. The creation of an electronic Babel where too much information will be presented to the public without proper organization.

3. A reduction in the privacy and confidentiality of personal information, including health status and an increase in the surveillance of the individual by the government.

4. The use of videotex to promote mass audiences for big businesses such as drug companies, fast food chains and cigarette manufacturers.

5. The creation of a growing imbalance in the distribution of information resources resulting in a split between the information rich and the information poor. This could also result in a two-tier health system.

Despite these warnings of what could happen, Mosco does point to 'green shoots' within the videotex industry, noting particularly the efforts of the Canadian government to ensure access to videotex for all groups and users and to ensure that public and educational use rates with business use of the system. Mosco points out that Canadians have created organizations to investigate social impact issues and to protect public rights, such as the Canadian Videotex Consultative Committee and the Task Force on Services to the Public.

It would appear then, that in Canada at least, there is some effort made to ensure that the dangers listed above do not take over our videotex systems and the advantages of videotex in making health information easily and attractively accessible are maintained for everyone's benefit.

* * * * *

CALL FOR PAPERS

In keeping with recent BMC editorial policies, the November issue will concentrate on a single theme: OCCUPATIONAL HEALTH AND SAFETY. The editors would, therefore, be grateful to receive articles or other items of news on this topic. Papers are invited, not only from library personnel, but also from others in the field who might have information on the topic that would be of interest to health libraries and their patrons. The deadline for submissions is Friday, November 2, 1984.

Other theme topics intended for 1985 include quality assurance, writing skills (for publication and internal reports) and rehabilitation. Readers' contributions, comments, criticisms and suggestions would all be welcomed by the editors. Your participation is vital to the success of BMC.

* * * * *

COMMENTARIES ON CONFERENCE CE COURSES

MICROCOMPUTER WORKSHOP

Deidre Green
Head of Staff Library
Queen Elizabeth Hospital
Toronto

Following the 1984 CHLA/ABSC Conference, the continuing education course CE 7 Flis Microcomputer Workshop was presented to seventy participants, on June 6th, 1984. To accomodate the large number of registrants, the course was offered in the Lecture Theatre at the Faculty of Library and Information Science, University of Toronto. Classrooms were used during the afternoon session when the group was divided in half.

Workshop convenor Lynne Howarth welcomed the registrants and introduced the speakers. Course instructors were Robin Summerley of Summerley Computer Services Inc., George Shirinian, York Public Library, Toronto, and Dr. Neil Trivett, Automated Library Information Systems, Richmond Hill, Ontario.

The morning session presented by Robin Summerley was a lively and informative overview which defined and explained microcomputers (their capabilities and limitations), software (what's on the market and what's coming soon), and computer peripherals (how to choose them). Robin Summerley easily conveyed his enthusiasm and appreciation for the computer and the ways it can assist us both in the home and in the library. He explained his field with humour and insight, and his use of lay terms and omission of jargon was appreciated by the many neophytes in the audience. Since he offered so much relevant information to those participants who are scrambling to acquire computer literacy, handouts would have been seized gratefully by the majority, and furious note-taking would have been unnecessary. During the morning, Mr. Summerley included several intriguing demonstrations of microcomputer functions. His imaginative uses of word processing software, for example, indicated to the group that software applications have unlimited potential. When the session broke for lunch the animated discussion revealed that Mr. Summerley had succeeded in imparting his enthusiasm for microcomputers to the group.

The afternoon session was composed of two presentations about applications of specific programs,. George Shirinian explained uses he has found for word processing and demonstrated functions throughout his session. He drew on his expertise to make worthwhile recommendations about hardware and software, explained how various library tasks can be easily performed by word processors, and answered questions informatively.

Dr. Neil Trivett delivered the second afternoon session about data base management. Using overheads, Dr. Trivett ably provided clear explanation of what a data base is, why it is useful, which library tasks can be streamlined using a data base program, and (for the adventurous) how to set up your own data base. As in the other sessions, the lack of printed handouts required rapid note-taking which made it difficult to absorb all of the worthwhile information which Dr. Trivett had prepared.

In summary, CE 7 was an informative course which provided both the beginners and the more experienced in the group with stimulating ideas and well-ordered information. The workshop demystified high technology for those participants who felt curious but uncomfortable, and encouraged all to welcome the micro for the efficiency it offers.

QUALITY ASSURANCE IN HOSPITAL LIBRARIES

MARGARET ROBINS
Medical Librarian
Women's College Hospital, Toronto

Whatever could have inspired 65 librarians to get up early on a Sunday morning to participate in a day long programme on Quality Assurance? Could it be that the new "Standards for Accreditation of Canadian Health Care Facilities", published by the CCHA in 1983 require all departments to have quality assurance programs in operation by 1986? "Quality Assurance in Hospital Libraries" was one of the CE courses held during the CHLA's 8th Annual Meeting held at the Ramada Hotel in Toronto, June 2nd, 1984.

Speaking before a capacity audience, the morning session was conducted by Dr. Jack Williams, Health Care Research Unit, Division of Community Health, Faculty of Medicine, University of Toronto. Setting the tone for the days programme, Dr. Williams discussed the historical perspective of quality assurance, what quality assurance is ...and is not, the types of programmes, and the requisite for high quality information.

No doubt the more meaningful portion of the programme was provided by the librarians themselves who participated in the afternoon session. A panel of "experts", namely people who already have quality assurance programmes in their libraries, supplied the more practical aspects of quality assurance as it relates to hospital libraries. The panel of instructors, who were introduced by Dorothy Fitzgerald, consisted of Sandra Duchow, Sue Gillespie, and Linda McFarlane. The many questions which were directed to the panelists and the discussions which followed provided the audience with a real insight info what quality assurance is all about. Only the limitations of time prevented further discussion.

Although many were quite exhausted by the end of the day, we all felt more informed and better able to meet the challenge of developing quality assurance programmes in our own libraries.

LITERATURE OF ALLIED HEALTH

Submitted by: Marilyn J. Hernandez
Coordinator of Information Resources
Manitoba Department of Health

Instructor: Tom Kosman, Librarian; Labouré Junior College; Boston, Massachusetts

Attendees of this course represented a wide variety of backgrounds and expertise. As a relative novice to allied health literature (except nursing, which was included), I identified my course objectives in the advance questionnaire in terms of:

Current print and AV resources (expecially Canadian)

Familiarization with practitioner needs and collection development strategies applicable to my library mandate.

I felt that the course, as advertised, fell short of my objectives in two particular areas: Canadian supplementary materials and coverage of audiovisual materials. The syllabus includes some Canadian items, and the instructor included some Canadian publications for "hands-on" evaluation, but no supplementary Canadian bibliography or source guide was provided. Audiovisuals which the instructor identified as limited in allied health, were only discussed superficially, although several good handouts were provided.

The well-organized course syllabus (Second Edition c.1982) was not provided in advance. This is unfortunate considering the vast amount of materials to be presented, and the teaching format (primarily individual and group exercises), because more emphasis could have been placed on evaluation of audiovisuals and discussion of the supplementary handouts.

However, coverage of practitioner needs and of collection development strategies was thorough, and met my basic objective. The instructor's style encouraged and resulted in a great deal of participation and involvement, particularly regarding Canadian materials, which partially compensated for the lack of course content.

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PROJECT FUNDING AVAILABLE

Article V, Sections 5 and 6 respectively of the CHLA/ABSC Bylaws indicate that:

"Chapters may apply to the Board of the Association for development grants to support or assist proposed Chapter activities of merit. The Board may make grants to Chapters at its discretion.

"Chapters may request that the Association provide programme loans to facilitate the organization of workshops, publications, or other continuing education activities. The Association will consider each application on its merits.

For an application, please contact either the CHLA President or Secretary. Completed applications must be received by the CHLA Board of Directors at least one month prior to a Board meeting. Meetings normally take place in February, June and October of each year.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI/DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, ICIST

Marilyn Schafer
Head, HSCR/Chef, CBSS

CORE LISTS/LISTES DE BASE

Thanks to you our core list collection is expanding and being updated constantly. The current list is appended to this column.

Grâce à vous, notre collection des listes de base est en pleine expansion et est constamment mise à jour.

PERSONNEL

On September 10th, 1984 we welcome Suzanne Maranda back from maternity leave. I wish to thank Dianne Pammett, who was seconded to us from the Reference Section for the duration, for doing such a fine job.

Le 10 septembre 1984, Suzanne Maranda revient d'un congé de maternité. Je tiens à remercier Dianne Pammett, qui a été détachée de la section de référence au cours de cette période, pour avoir accompli un si bon travail.

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Consumer Health Committee Annual Report 1983-84

Joanne Marshall, Chairman

The Consumer Health Committee has consisted of five members during the past year: Margaret Taylor, Ottawa; David Nobel, Vancouver; Catherine Ferguson, Saskatoon; Kathy Eagleton, Brandon and Joanne Marshall Toronto. We have over ten CHLA members who have expressed an interest in serving on the Committee or serving as resource people to the Committee for the coming year.

The Guidelines for the Role of Health Sciences Libraries in the Provision of Consumer Health Information which were published for review by the membership in the January 1983 issue of BMC were ratified by the Board at its preconference meeting. Revisions to the Terms of Reference for the Committee were also approved at that time. It is hoped that the Guidelines will serve as a source of support and guidance for our members who are, or who want to become, involved in CHI activities.

The Consumer Health Committee jointly sponsored a 1½ day workshop on consumer health in October 1983 with the Upper NY and Ontario Chapter of MLA and the Faculty of Library and Information Science at the University of Toronto. Approximately 60 participants attended a Friday night session and 40 came to the Saturday workshop. It was decided that future CE activities of the Consumer Health Committee should be arranged or coordinated through the Education Committee of CHLA.

The priorities that have been discussed by the Committee for the coming year include:

1. Official publication of the Guidelines with a history and suggested use statement in a future issue of BMC.

2. Adapting the Consumer Health Resource List prepared by the BC Chapter of CHLA for national distribution.

3. Consider the development of a consumer health column for BMC which would include news of recent activities and resources.

4. Explore other opportunities for CE activities such as a possible course on consumer health and information technology which could be cosponsored with the University of Toronto.

5. Look into the possibility of continuing the consumer health database developed by a student at the University of Western Ontario (contract: Geoffrey Pendrill).

The Committee has also discussed the idea of a potential wider mandate for the work of the Committee which would include issues relevant to the health of Canadians. This would enlarge the view of the Committee from consumer health information issues to the health of consumers in general. Such a Committee would provide a forum for CHLA members to learn about and express their opinions on important health issues of the day such as the Canada Health Act. The Committee agreed to keep this possibility in mind and to suggest this topic for the theme of a future CHLA Annual Meeting.

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Resource People

Babs Flower,
Christie Macmillan
Wendy Patrick
Janet Joyce

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GUIDELINES FOR CONSUMER HEALTH INFORMATION

Submitted by: Joanne Marshall
Past Chairman
Consumer Health Committee, CHLA

BACKGROUND

In this issue of BMC the official version of the Guidelines for the Role of Health Sciences Libraries in the Provision of Consumer Health Information appears. As you may remember, a draft version appeared as an insert in the January 1983 BMC so that CHLA members could send in their comments. The document has been presented and discussed at the 1983 Annual Meeting where a number of useful suggestions were made. These suggestions were incorporated into the final version which appears here.

At this point, it seems appropriate to review the reasons behind the development of these Guidelines and to suggest ways in which CHLA members could put the Guidelines to work. During the past decade there has been increasing interest among health sciences librarians in the field of consumer health information or CHI. A number of excellent demonstration projects involving cooperation between hospital and public library systems were documented in the literature and many of us found a new outlet for our professional expertise through involvement in patient education. It is difficult to think of another aspect of health sciences librarianship that has caused so much controversy and discussion in recent years, but the end result has been a reexamination of the role of the librarian in health care settings and the development of many innovative projects.

One of the major problems facing librarians who want to become involved in CHI has been the lack of accepted guidelines or standards for such activity. MLA recognized this problem in 1980 when a resolution supporting the consumer's right to health information was passed by the membership and an ad hoc committee set up to examine the librarian's role. CHLA set up a similar Committee in 1981 and the members kept in close touch with their MLA colleagues. The idea behind both the MLA and CHLA guidelines was that they would give librarians a document which they could take to the appropriate administrator or committee in their own setting when they needed support and guidance for CHI activities. The approval of the Guidelines by the membership and the Board of CHLA lends credibility to the role of the librarian in CHI and demonstrates the support of fellow professionals. We hope that the Guidelines will prove to be useful to you in this way, and the Committee would be glad to hear comments from members who have used them.

The Consumer Health Committee of CHLA is continuing on and hopes to undertake some additional projects during the coming year under the leadership of its new chairman, Lynda Baker from the Health Sciences Library, McMaster University. If you have ideas for projects related to CHI, please get in touch with Lynda. We welcome the involvement of all CHLA members in CHI activities and look forward to continuing our role as a forum for the sharing of experiences of CHLA Members interested in this new field.

I would like to take this opportunity to thank the originial members of the Consumer Health Committee who gave their time and thought to the preparation of the Guidelines: Kathy Eagleton, Catherine Ferguson, David Noble, Margaret Taylor, and Claire Callaghan who was our Board Liaison.

GUIDELINES FOR THE ROLE OF HEALTH SCIENCES LIBRARIES IN THE PROVISION OF CONSUMER HEALTH INFORMATION

1. DEFINITION

Consumer health information (CHI) is considered to be information on health and medical topics relevant and appropriate to the general public. In addition to information on symptoms, diagnosis, and treatment of disease, it also encompasses information on health maintenance and the promotion of good health practices. Quality consumer health information is that which can assist the individual in effective decision-making about his or her own health and about the utilization of health care services. CHI is recognized to be a part of the educational process. Patient education and consumer health education differ in terms of the setting in which the process occurs rather than in terms of the subject matter.

2. THE ROLE OF HEALTH SCIENCES LIBRARIES IN THE PROVISION OF CHI

Health sciences libraries should provide CHI services at levels consistent with their staff, other resources, and institutional goals.

2.1 Health sciences libraries with basic CHI involvement should:

2.1.1 Support health professionals involved in CHI health education activities by:

2.1.1.1 expanding the library's collection to include the professional needs of these health providers.

2.1.1.2 providing access to up-to-date lists of materials for use by health professionals of lay level items.

2.1.2 Support non-health sciences libraries and voluntary health organizations by:

2.1.2.1 providing reference back-up service.

2.1.2.2 responding to interlibrary loan requests for materials not available in non health sciences literature.

2.2 Health sciences libraries with moderate CHI involvement should (in addition to the above):

2.2.1 accept and provide a referral service among providers, libraries and other agencies or individuals requiring such information and provide services directly to community members.

2.2.2 maintain lists of materials which address health and medical topics recommended for acquisition by non-health sciences libraries.

2.2.3 assist in the evaluation of print and AV materials being considered for purchase or use by non-health sciences libraries or health professionals.

2.2.4 develop a collection of materials for the layperson that can be used by both health professionals involved in health education and laypeople themselves.

2.3 Health sciences libraries with extensive CHI involvement should (in addition to the above):

2.3.1 educate health professionals about the health information needs of the lay public.

2.3.2 train public and other libraries in health and medical resources, terminology, and trends.

2.3.3 participate in institutional community outreach programs.

2.3.4 initiate and participate in research on all aspects of consumer health information.

2.3.5 seek funding to support CHI programs and internal and external sourses.

2.3.6 participate in the development of and provide support for passage at all levels of government of legislation supporting CHI services.

2.3.7 initiate and/or participate in the long-range planning for the continuing development and support of CHI services.

2.4 While it is recognized that the librarian must operate in the context of the library's commitment to CHI, the following list of activities is provided as a guide to the specific actions which individual librarians may take:

2.4.1 support institutional consumer health initiatives through participation with health professionals in the development of consumer services.

2.4.2 advocate the appropriateness of CHI services in the library.

2.4.3 support the consumer's right to access professional health and medical information.

2.4.4 review print and non-print consumer health materials.

2.4.5 monitor reference requests from the public as a basis for future library and/or institutional consumer activities.

2.4.6 present educational programs for public and other librarians on the effective provision of CHI.

2.4.7 provide educational programs for the general public on locating and evaluating health information.

2.4.8 participate in cooperative library and health information sharing networks.

3. THE ROLE OF CHLA IN THE PROVISION OF CONSUMER HEALTH INFORMATION

CHLA should:

3.1 actively and publically support consumer health information services as an appropriate activity for health sciences libraries and librarians.

3.2 encourage active communication about CHI through BMC.

3.3 include programs on CHI at national and chapter meetings.

3.4 encourage the inclusion of CHI services in CE courses as appropriate and encourage the development of new courses to meet emerging needs.

3.5 encourage government support of the consumer's right to health information and the role of the health professionals in providing it.

3.6 continue to liaise with and support the appropriate organizational activities of MLA in CHI.

3.7 encourage networking.

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CHLA ARCHIVES

The Board of Directors is pleased to announce that the Osler Library of McGill University has been appointed as "Archivist" to the Association. All archives in the possession of present Board members have now been deposited in the Osler who will list them and maintain them. If members of the Association have documents or files which they think are archival they should be sent to the Osler Library who would also appreciate receiving such material as photographs taken at meetings and reports on CHLA prepared for other bodies. Members wishing access to the Association's archives should consult the Osler Library.

The address of the library is:-

OSLER LIBRARY
McGILL UNIVERSITY
3655 DRUMMOND STREET
MONTREAL H3G 1Y6

Telephone: (514) 392-4331

ARCHIVES DE L'ABSC

Le Bureau de direction est heureux d'annoncer que la bibliothèque Osler de l'université McGill a été nommée "l'archiviste" de notre Association. Toutes les archives des membres actuels du Bureau sont désormais conservées à la bibliothèque Osler, qui en assurera l'inventaire. Les membres qui auraient des documents ou dossiers intéressants sont priés de les faire parvenir à la bibliothèque Osler, qui accueillerait aussi volontiers des photographies de réunions ou des rapports sur l'ABSC préparés pour le compte d'autres organismes. Les membres qui désirent consulter les archives de l'Association sont priés de communiquer avec la bibliothèque Osler à l'adresse ci-dessous:

Bibliothèque Osler
Université McGill
3655, rue Drummond
Montréal H3G 1Y6

(514) 392-4331

CHLA COMMITTEES AND COMMITTEE PROCEDURES

Under Article IX, Section 2 of the By-laws, the Board may establish Committees. There are two types of committee, Standing Committees and Special Committees. The following is reproduced from the CHLA/ABSC Executive Manual.

STANDING COMMITTEES

The Board appoints Standing Committees where the duties and responsibilities of the Committee are seen to have no definite time limit. Committees such as Education, Nominating, Elections and Membership fall into this category. Members of Standing Committees must be members of CHLA/ABSC. (Some standing committees, Nominating and Elections, for example, are mandated by the By-laws. As such they can be dissolved only by amending the By-laws.)

SPECIAL COMMITTEES

Special Committees are established if the Board decides that a project or special study is best handled by a Committee. Under Article IX, Section 2.4 of the By-laws

> "No special committee shall continue beyond the end of the Membership year in which it was appointed or reappointed unless otherwise specifically provided by the Board."

Special Committees such as the Annual Conference Planning Committee are normally appointed until their task (i.e. the annual conference) is finished; others, such as the Job Classification Committee (1982-83), are appointed until the end of the membership year and are then reappointed if the Board considers their task unfinished and the task still a Board priority. Non CHLA/ABSC members can be appointed to Special Committees.

REPRESENTATIVES

All representatives are appointed by the Board and they function as a "one person special committee." Like Committees, Representatives should not commit the Association to a policy, action or expense without prior Board approval. An example of a Representative is the CHLA/ABSC delegate to the Planning Committee for the 5th International Congress on Medical Librarianship.

COMMITTEE PROCEDURES

a. The Board of Directors appoints the Chairman of all Committees unless they direct the Committee to elect one of their members as chair.
b. Committees are encouraged to make recommendations to the Board regarding new committee members. However, final approval for a committee's membership must come from the Board.
c. The work of all Committees shall be under the charge of the Board. No Committee may commit the Association to a policy, action or expense without prior approval of the Board or the President on behalf of the Board.
d. Terms of reference for all committees are to be in writing and approved by the Board. They shall include the following: purpose/objectives of the committee, the size of the committee and the mechanism by which the members are appointed, the mechanism for appointing/electing a chair, and the reporting structure of the committee.

e. Each committee shall prepare a report for the Annual General Meeting, unless otherwise specified by the Board. A copy of this report shall be forwarded to the Secretary in time to be accepted at the pre-conference meeting of the Board. Such other reports as the Board may require shall be submitted upon request.
f. The Association has limited funds and Committees are expected to be cost conscious. Each Committee chairman may spend each fiscal year up to $50. and, on submission of receipts or an itemized statement, will be reimbursed by the Treasurer. If expenses will exceed $50. per year prior authorization must be received from the Board. Occasionally the Board may appoint a Committee and give it a budget in order to accomplish a specific project.
g. Since most Committees meet only once a year much Committee work is done by mail. Copies of substantive correspondence should be sent, for information, to the President.
h. Committees wishing to send material to all Members of the Association may enclose such material with BMC. There is no charge to the Committee for this service if the enclosure will not substantially increase the mailing cost. A schedule of mailing dates can be obtained from the Secretary.
i. New Committee Chairmen should receive from their predecessors all files necessary for them to assume their responsibilities. Archival material can be sent to the Secretary.
j. It is assumed that all Committees will meet during the Association's Annual Conference. It is helpful to newly appointed Committee members and the new Chairman if this meeting is in two parts. Firstly the final meeting of the "old" Committee and secondly the first meeting of the "new" Committee. The exact arrangements should be made by the outgoing and incoming chairs.
k. Committees are an important mechanism by which the Association can serve its Members. For this reason as many Members as possible will be appointed to Committees and most appointments will be for no longer than three consecutive years.
l. All Committees offering continuing education courses must coordinate their activities with the Education Committee.
m. It is the responsibility of Committee Chairs to thank outgoing committee members.

TERMS OF REFERENCE FOR SPECIFIC COMMITTEES

SUBCOMMITTEES OF THE BOARD OF DIRECTORS

Finance Committee

This subcommittee consists of the President, the Vice-President/President-Elect and the Treasurer. It exists, chaired by the President, to provide a means of discussing any financial problems that may arise and so that the Treasurer may call for advice when necessary.

Two of the three members of the Committee are required to sign all Association cheques.

STANDING COMMITTEES

Nominating and Elections Committees

The Past-President automatically assumes responsibility as the Chairman of this committee.

Duties of the Committee: (see also By-laws, Article X)

a. Requests nominations by mail for vacancies before February 1, to be sponsored by two members in good standing, and agreed to in writing by the nominee.
b. Files with the Secretary, before March 10, the names of all nominees.
c. Reconstitutes itself as an Elections Committee.
d. Ensures that ballots are sent out to all members at least 6 weeks before the Annual General Meeting, with short biographies of each nominee.
e. Counts the ballots on or after the dealine, which should be 14 days before the Annual General Meeting.
f. Reports election results to the President and to the Annual General Meeting.
(Note: The above differs slightly from Article X.)

Education Committee

Terms of Reference: (Approved by the Board Feb. 13, 1982)

PURPOSE
This Committee is concerned with all matters relating to education for librarians, library technicians and other health sciences information personnel.

MEMBERSHIP
This Committee shall consist of up to 8 members with regional representation. The chair should be selected from the present committee as approved by the Board and a call for members issued annually in the Bibliotheca Medica Canadiana. Members shall be appointed for a 2 year term with half the membership retiring each May 31st.

REPORTING STRUCTURE
The Committee reports at each regular meeting of the Board of Directors and makes a formal written report once a year.

OBJECTIVES

a. To coordinate the educational activities of CHLA/ABSC.
b. To identify the educational needs and concerns of the membership. A formal poll will be conducted annually in the BMC as one method of data collection.
c. To encourage the development of programmes to meet the needs of members through:
   - liaison with schools of library and information science, etc.
   - sponsorship of courses, workshops, programmes by CHLA/ABSC and
     - to review proposed courses and recommend approval to the Board
     - to develop an evaluation protocol for courses sponsored by CHLA/ABSC
     - to seek MLA certification of CHLA/ABSC sponsored courses when appropriate
     - to maintain a directory of persons interested in developing or teaching courses in their area(s) of expertise
     - to maintain an inventory of materials used in courses sponsored by CHLA/ABSC
     - to cooperate with the Annual Conference Planning Committee in deciding on CE courses to be given at the annual conference.
d. To encourage the development of Canadian educational materials such as syllabi, manuals, etc.
e. To review proposed educational projects and materials and to recommend CHLA/ABSC sponsorship to the Board.
f. To prepare discussion papers on matters of educational concern and/or professional development.

See Also: Conference Continuing Education Committee.

Consumer Health Committee
Terms of Reference: (Approved by the Board June 2, 1984)

PURPOSE
The purpose of this Committee is to examine the health library's role in the provision of consumer health information and, where appropriate, to develop programs and materials to assist librarians in performing this task.

MEMBERSHIP
The Committee shall consist of up to eight (8) members, with regional representation where possible. The chairman should be selected by the present Committee and approved by the Board. A call for members should be issued annually in the Bibliotheca Medica Canadiana. Members shall be appointed for a two-year term with half of the membership retiring each May 31st.

REPORTING STRUCTURE
The Committee will report at each regular meeting of the Board of Directors and made a formal written report once a year. Meetings of the Committee will take place primarily by mail, however, an informal meeting will also be arranged among members attending the Annual Meeting.

OBJECTIVES
a. To examine the health library's role in consumer health information provision, more specifically:
   - to prepare and periodically review "Guidelines for the Role of Health Sciences Libraries in the Provision of Consumer Health Information." These guidelines are intended to provide guidance and support for Canadian health sciences librarians who wish to undertake activities in this area.
   - to monitor developments in the consumer health field as they relate to the library's changing role and report to the membership.
   - to liaise with the Medical Library Association, the American Library Association, and any other related organizations which have a similar interest in providing consumer health information.
b. To prepare, in coordination with the Education Committee, resource materials which will assist the library in providing consumer health information, e.g. lists of consumer health resources such as books, audiovisual materials, consumer self-help groups. The committee will also act as a clearinghouse for such resources that are developed on a local level.
c. To provide a forum within CHLA where issues related to the library's role in consumer health can be discussed and where expertise can be shared, e.g. through programs at CHLA Annual Meetings and Chapter meetings and through continuing education opportunities coordinated with the Education Committee.

Conference Continuing Education Committee
Terms of Reference: (Approved by the Board June 6, 1984)

PURPOSE
This committee is concerned with all matters pertaining to the administration of continuing education courses to be held in conjunction with the annual conference.

MEMBERSHIP
The committee shall consist of up to five members, chosen by the Chair and preferably drawn from CHLA membership within the region of the conference. The committee membership shall be approved by the Education Committee. The Chair shall be a member of the Education Committee and the Conference Planning Committee.

REPORTING STRUCTURE

The Conference Continuing Education Committee is a subcommittee of the CHLA/ABSC Conference Planning Committee but shall maintain strong links with the Education Committee. Minutes of the Conference Continuing Education Committee shall be sent to the Chair of the Education Committee. Course topics, course content, and instructors shall be approved by the Education Committee. Additional links shall also be made, where necessary, between the Chair of the Conference Continuing Education Committee and the Chair of the Local Arrangements Committee.

OBJECTIVES

1. To cooperate with the CHLA/ABSC Conference Planning and Education Committees in deciding on continuing education courses to be given at the annual conference.
2. To work closely with the Education Committee in the selection of instructors for continuing education courses at the annual conference.
3. To organize and administer the continuing education courses offered at the annual conference.

CHLA/ABSC CHAPTERS AND THEIR RESPONSIBILITIES

Duties: (See also By-laws, Article V and Article VIII, Section 2)

"Each chapter shall appoint a correspondent to provide regular assistance to the Editor of the Association's publication."

"Each chapter shall provide an Annual Report to the Board outlining its activities during the current year, and verifying that all Chapter requirements are met."

"The Annual Report submitted by each chapter must be received by the Board before it meets immediately prior to the Annual General Meeting."

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NEWS & NOTES

CIRCUIT RIDER LIBRARIAN FOR ANNAPOLIS VALLEY

Cooperation between hospitals in four Annapolis Valley communities has resulted in the addition of a Circuit Rider Librarian to the Kellogg Health Sciences Library staff. Based in the Valley, the Circuit Rider Librarian will provide library services to the hospitals in Wolfeville, Kentville, Middleton and Digby, which are funding the position. JOYCE KUBLIN, formerly librarian at the Victoria General Hospital, Halifax, has recently assumed this position.

PEOPLE ON THE MOVE

CHRISTINA TOPLACK has recently joined the scientific staff of the Efamol Research Institute in Kentville, Nova Scotia. As Research Librarian, Chris's responsibilities include organizing the library, building a database on essential fatty acids and handling the information needs of the eleven scientists presently on staff.

Lyndhurst Hospital, Toronto, a rehabilitation institution that specializes in spinal injuries, has recently hired its first librarian. JEAN CHONG, who is working half-time, received her M.L.S. in 1983 from the University of Western Ontario from which she had previously obtained and honours B.A. Prior to going to Lyndhurst, Jean worked with Madeline Grant at the J.W. Crane Memorial Library of the Canadian Geriatrics Research Society.

LINDA HARVEY, head of Public Services at the W. K. Kellogg Health Sciences Library, Dalhousie University, Halifax, has recently returned from a year's unfunded leave in London, England. With the aid of funding from the Atlantic Provinces Library Association, Linda updated the work of a previous leave on regional library services to pharmacists and nurses in the United Kingdom.

ANN MANNING, Health Sciences Librarian, W. K. Kellogg Health Sciences Library, will leave in mid-September for a six month study leave in Australia. Most of her time will be spent in the Medical Library of the University of Western Australia in Perth, but she will also attend a seminar and give a paper in Adelaide. During her absence, Linda Harvey will be acting Health Sciences Librarian.

JUDITH COUGHLAN-LAMBLY becane Assistant Technical Services Librarian at W. K. Kellogg Health Sciences Library in July. Judy had been a Library Assistant in the Kellogg Serials department before taking her library degree and had been working in the Cataloguing Department of Mount Allison University Library since receiving her M.L.S. in 1982. Judy replaced **HULDA TRIDER** who left in April to join her husband in his dental practice in Yarmouth, Nova Scotia.

SANDRA HORROCKS, who had been on temporary assignment in the W. K. Kellogg Health Sciences Library for the past year, has recently become head of the Interlibrary Loans Department. Sandy replaces **TOM FLEMMING** who has become head of Public Services in the Health Sciences Library, McMaster University, Hamilton.

MANITOBA CORRESPONDANT

Jill Brown

Plans are underway for the fall meeting of MHLA. Doris Pritchard, Head of the Dental Library, University of Manitoba, will be speaking about her trip to Egypt. Doris was in Egypt from March through May, on a three month research/study leave. She was asked by the Dean of the Dental School to advise on the establishment of policies and procedures for the Dental Library at the University of Tanta, Tanta, Egypt. We are looking forward to hearing about library services in Egypt.

Judy Inglis, Our Area Library Coordinator, continued her workshops during the summer months. The most recent workshop, focusing on reference services, was held at the Medical Library, University of Manitoba.

Ten members of MHLA attended the CHLA/ABSC conference. Our thanks and congratulations are extended to the Toronto chapter for an excellent conference.

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IN MEMORIAM: ELLEN GARTENFELD

Some CHLA members were acquainted with Ellen Gartenfeld.

It is with great sadness that we announce the passing of Ellen Gartenfield, who died July 7th at Beth Israel Hospital.

Ellen was the administrator of the Boston University Drug Epidemiology Unit, and had previously headed the Consumer Health Information Network (CHIN) at Mount Auburn Hospital in Cambridge. She was an active member of MLA, NAHSL, and MAHSLIN.

Ellen left her mark on all she knew and all who knew her. She possessed a rare energy and enthusiasm and was a tremendous asset to the profession. She will be sorely missed.

The family has asked that donations be made to the Aquarius Cancer Unit, c/o Shirley Wachtel, 2500 Parkview Drive, Hallandale, Florida 33009, for those who care to remember Ellen in this manner, and should indicate that the donation is in her memory.

A special tribute organized by Ginny Jacobs and other friends was held at 8 p.m. on Monday, 30 July, 1984 at the lounge of Perkins School for the Blind, 175 North Beacon, Watertown, MA.

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UPCOMING MEETINGS

A REGIONAL WORKSHOP ON BASIC LIBRARY SKILLS FOR PERSONNEL IN HEALTH CARE INSTITUTIONS

to be held on
October 25 and 26, 1984
at the Airlane Motor Hotel
Thunder Bay

Sponsored by

Ontario Medical Association
Northwestern Ontario Medical Program

This workshop is intended to provide very basic instruction in library techniques and management to health care personnel who may not have received training in this field, but who are called upon to maintain or establish library services in their institutions. Topics for the workshop will include order procedures, simplified cataloguing, developing a library policies and procedures manual, networking and a MEDLINE demonstration.

Speakers for the workshop are: Dorothy Fitzgerald, Health Sciences Librarian, McMaster University, Silvia Katzer, Northern Outreach Librarian, University of Western Ontario, and Jan Greenwood, Consulting Librarian, Ontario Medical Association. Sandra Brenner of N.O.M.P. Library Service is responsible for local arrangements. For further information about this workshop, please contact Jan Greenwood at the following address or telephone number:

Ontario Medical Association
Library
240 St. George Street
Toronto, Ontario
M5R 2P4
Telephone: (416) 925-3264, Ext. 230

CHLA/ABSC 9TH ANNUAL CONFERENCE

The Southern Alberta chapter of CHLA will be hosting the 9th annual meeting in Calgary, June 9-12, 1985. The theme of the conference is "Health Information Providers: Their Role by 1995. Where are Health Librarians Going?" We are very excited to announce that Nina Matheson, co-author of the Matheson/Cooper Report, will be the keynote speaker.

Calgary is situated in the foothills of the Rocky Mountains with mountain and prairie vistas to tempt your wanderlust, and just a 90 minute drive from Banff and beyond.

We are issuing a warm Western welcome to all CHLA members to attend the conference and, if possible, stay awhile and enjoy the region. Watch future issues of BMC for further details.

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9E CONFÉRENCE ANNUELLE DE L'ABSC

La section du Sud de l'Alberta de l'ABSC accueillera la 9e assemblée annuelle à Calgary du 9 au 12 juin 1985. La conférence aura pour thème "Les fournisseurs d'information en santé: leur rôle d'ici 1995. Quel est l'avenir des bibliothécaires de la santé?". Nous sommes très heureux d'annoncer que la principale conférencière sera Nina Matheson, coauteure du rapport Matheson/Cooper.

La ville de Calgary se trouve au pied des montagnes Rocheuses et le coup d'oeil est tout à fait enchanteur, à 90 minutes seulement de la région de Banff.

Nous lançons une chaleureuse invitation à tous les membres de l'ABSC de participer à cette conférence et même de séjourner un peu plus longtemps si possible. Les numéros à venir de BMC fourniront de plus amples détails.

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LE CONGRÈS DE L'ASTED

Louise Deschamps
Présidente,
Groupe d'intérêt des bibliothèques de la santé de l'Asted

Le congrès annuel de l'ASTED approche à grands pas; il se tiendra à Ottawa du 8 au 11 novembre 1984 à l'hôtel Skyline. Le groupe d'intérêt des bibliothèques de la santé y organisera deux ateliers. Permettez-moi, par la présente, de vous en apportez plus d'explications.

Afin de permettre à un plus grand nombre de personnes d'assister à ces ateliers nous avons décidé de les tenir durant la même journée, celle du vendredi 9 novembre. Cette journée se déroulera comme suit:

1. 10h30 à 12h (environ)

Thème: "le nouveau questionnaire distribué par le Conseil canadien d'agrément des hôpitaux"

Nous avons voulu organiser un tel atelier car nous nous sommes rendus compte, après enquête auprès de nos membres, que plusieurs d'entre eux avaient eu de la difficulté à répondre adéquatement à ce nouveau questionnaire. Quelques questions les ont laissés perplexes. Ils se demandent quelles sont les implications d'un tel questionnaire par rapport à la petite, moyenne ou grande bibliothèque médicale. Nous voulons savoir quelles questions sont les plus importantes aux yeux du Conseil d'agrément et comment celui-ci évalue les réponses reçues. Un représentant du Conseil canadien d'agrément des hôpitaux viendra nous entretenir sur ce sujet.

2. 13h30 à 15h (environ)

Thème: "les bibliothèques d'associations; quelle aide peuvent-elles apporter aux bibliothèques médicales"

- la bibliothèque de la Commission de la santé et de la sécurité du travail. (par Sylvie Bélanger)

- la bibliothèque de Santé et bien-être social Canada

3. 15h30 à 17h (environ)

Assemblée générale et compte-rendu sur les différents réseaux de bibliothèques médicales du Québec.

Une invitation spéciale est donc lancée à toutes les personnes intéressées. Le succès de cette journée dépend de votre PARTICIPATION. Pour de plus amples renseignements vous pouvez communiquer avec le secrétariat de l'Asted (514-271-3349) ou avec Louise Deschamps (514-876-6862). Nous vous attendons avec impatience!

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BIBLIOTHECA MEDICA CANADIANA

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BIBLIOTHECA MEDICA CANADIANA

VOL. 6, NO. 3 1984

INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes le bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceus qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voidraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

The deadlines for submission of articles to V.6 are as follows:

6:4 January 11, 1985

6:5 March 29, 1985

Les dates limites pour des articles pour pour les envois a paraitre:

6:4 11 janvier 1985

6:5 29 mars 1985

FROM THE EDITORS

As the printing deadline approaches one - specifically the new editor on the team - is stricken with panic and has a new and humble appreciation of the crises which beset regularly the editors of THLA News. The fact that the other (senior) member of the BMC editorial team resides in Ottawa has also created a fearful understanding of the concept of the long-distance marriage. It is to be hoped that upon distribution of this issue Bonnie will not be impelled to serve divorce papers!

In spite of the awful bouts of anxiety, borne inevitably of inexperience, working on Vol. 6, No. 3 has been a challenging and rewarding task, largely because of the enormous amount of support and cooperation I have received, and the excellence of the papers. The topic of occupational health and safety is a timely one and I believe that the papers presented here may well stimulate a second issue on the same subject. In preparation I might even work up an item or two myself - on stress in the work-place!

Jan Greenwood
Assistant Editor

Bonita Stableford
Editor

* * * * *

A WORD FROM THE PRESIDENT

David S. Crawford

The Board of Directors met in Montreal on September 27 and 28 and were pleased to welcome Judy Flax, the Chair of the 1985 Conference Committee, and Margaret Taylor, the Chair of the Education Committee, to the meeting. As usual a pot pourri of items was discussed; among the most significant were:

The Board agreed to undertake a survey of the membership early in 1985 to determine both continuing education priorities and to give the Board a better perception of the "membership profile".

The Board discussed a policy on discrimination for the Association and the motion on page 118 of this issue of BMC was the result. Though such policies have not been common in professional associations, they are becoming more so and the Board was unanimously in favour of adding such a statement to the policies of our Association.

The Board discussed the question of the national union lists of serials discussed in my president's page in BMC 6:1. The Board unanimously passed a motion requesting that the National Librarian and the Director of CISTI make every effort to improve the present national union lists and make it possible for libraries to purchase easily local union lists products as spin-offs from these lists. In addition the Board asked me to write to Chapter Presidents and the Presidents of other national library associations asking them to add their voices to ours and write to the National Librarian and the Director of CISTI on this matter. To date I have heard that the Association of Canadian Medical Colleges; Special Resource Committee on Medical School Libraries, the Canadian Association of College and University Libraries, the Council of Federal Libraries and the Montreal Health Libraries Association have agreed to write supporting our motion. I again urge the Chapters to discuss this motion and to forward it to other local and provincial library associations for discussion.

The Board agreed to a more formal link with the ACMC's Special Resource Committee on Medical School Libraries and agreed to invite their Chair to all Board meetings. Subsequent to our Board meeting the Special Resource Committee invited the CHLA President to be a non-voting member of their group. This arrangement will strengthen and formalize the excellent working arrangements we have had for several years.

The Board also spent a great deal of time discussing a draft report on the role of the Health Sciences Resource Centre which has been jointly written by Past-President Greeniaus of CHLA and Audrey Kerr representing the Special Resource Committee. The Board had several areas in which it felt minor changes were desirable and others were identified at the Special Resource Committee meeting the next week. Barbara and Audrey are presently writing a final draft for presentation to both the Board and to the Special Resource Committee. When this is accepted by both groups, it will be sent to the Director of CISTI and made available to members.

Since my space is limited I will not deal here with the 1985 Calgary Conference except to say planning is proceeding very well and our Alberta colleagues have planned a stimulating and fun meeting. Further details to follow.

In conclusion I would like to announce the acceptance of an application for Chapter Status from the OHA Region 8 Librarians' Association based in Kingston. We now have chapters in Nova Scotia, Montreal, Ottawa/Hull, Kingston, Toronto, Windsor, Winnipeg, Southern Alberta, British Columbia, but would welcome applications from other areas of the country, (Newfoundland, London, Edmonton, are you there?).

UN MOT DU PRESIDENT

David S. Crawford

Le Bureau de direction s'est réuni à Montréal les 27 et 28 septembre et a été hereux d'y acceuillir Judy Flax, présidente du Comité de la conférence de 1985, et Margaret Taylor, présidente du Comité d'education. Comme d'habitude, on a abordé diverses questions, dont voici les plus importantes:

Le Bureau a accepté d'entreprendre une enquête auprès des membres au début de 1985 afin d'établir les priorités en matière d'éducation permanente et d'offrir au Bureau une meilleure perception du "provil des membres".

Le Bureau a étudié une politique pour l'Association en matière de discrimination, d'où la résolution présentée en page 117 du présent numéro de BMC. Les associations professionelles adoptent de plus en plus ce genre de politique et le Bureau a décidé à l'unanimité de faire de même.

Le Bureau a examiné la question des catalogues collectifs de périodiques au niveau national (voir le mot du président dans BMC 6:1). Le Bureau a adopté à l'unanimité une résolution qui demande au directeur général de la Bibliothèque nationale et au directeur de l'ICIST de faire tout leur possible pour améliorer les catalogues collectifs nationaux existants et de voir à ce que les bibiliothèques puissent facilement acheter des listes locales tirées de ces catalogues collectifs. De plus, le Bureau m'a demandé d'écrire aux présidents de sections et aux présidents d'autres associations nationales de bibliothécaires afin e les prier d'ajouter leur voix à la nôtre et d'écrire à ce sujet au directeur général de la Bibliotheque nationale et au directeur de l'ICIST. Jusqu'à présent, j'ai appris que le Comité associé des bibliothèques d'écoles de médecine de l'Association des facultés de médecine du Canada, l'Association canadienne des bibliothèques de collège et d'université, le Conseil des bibliothèques de la santé de Montréal ont accepté d'écrire des lettres à l'appui de notre résolution. Je prie de nouveau les Sections d'étudier cette résolution et de la transmettre à d'autres associations de bibliothécaires locales et provinciales.

Le Bureau a accepté d'établir un lien plus officiel avec le Comité associé des bibliothèques d'écoles de médecine (CABEM) de l'AFMC et d'inviter son président à toutes le réunions du Bureau. Après notre réunion, le CABEM a invité notre président à en devenir un membre sans droite de vote. L'excellente collaboration entre nos groupes depuis plusiers années sera ainsi renforcée et rendue officielle.

Le Bureau s'est longuement penché sur un rapport préliminaire au sujet du rôle du Centre bibliographique des sciences de la santé, rédigé par l'ancienne présidente Greeniaus de l'ABSC et par Audrey Kerr du CABEM. Le Bureau avait plusieurs changements mineurs à suggérer

et d'autres modifications ont été identifiées à la réunion du CABEM tenue la semaine suivante. Barbara et Audrey sont en train de rédiger la version finale, qui sera présentée au Bureau et au CABEM. Lorsque les deux groupes l'auront accepté, le rapport sera transmis au directeur de l'ICIST et mis à la disposition des membres.

Pour ce qui est de la Conference de 1985 à Calgary, les préparatifs vont bon train et nos collègues de l'Alberta ont prévu une rencontre à la fois stimulante et agréable. Vous en aurez d'autres nouvelles.

Pour terminer, j'ai le plaisir d'annoncer l'acceptation d'une demande d'adhésion à titre de Section de la part de l'association des bibliothécaires de la région 8 de l'OHA à Kingston. Nous avons désormais des sections en Nouvelle-Écosse, à Montréal, à Ottawa/Hull, à Kingston, à Toronto, à Windsor, à Winnipeg, en Alberta du Sud et en Colombie-Britannique, et nous aimerions bien recevoir des demandes d'autres régions (Terre-Neuve, London et Edmonton, m'entendez-vouz?).

THE CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY

Marilyn Moore
Director, Documentation Services
CCOHS

The Canadian Centre for Occupational Health and Safety (CCHOS) was established by act of Parliament in 1978 to promote the health and safety of Canadian workers.

The Centre offers information and advice which are provided currently in four forms: the inquiries service; access to CCINFO, CCHOS' computerized information service; distribution of CCOHS publications; and document supply.

Inquiries Service

The Inquiries Service provides answers to specific occupational health and safety questions. Inquiries are usually engendered by problems in the Canadian workplace, and are typically posed by a worker, an employer, a government official, a professional, or representatives of any of these. The inquiries service provides information and advice by identifying, evaluating, and summarizing scientific information in a way that is intelligible and useful to the inquirer. The CCOHS inquiries service is strictly confidential. It is offered in both official languages, English and French. Answers to inquiries are tailored to the inquirer's needs, purpose, and level of understanding. It is interesting to note that well over 80% of inquirers are representatives of groups, such as joint work-site health and safety committess, unions, and businesses. These inquirers then make the information obtained from CCOHS available to the members of their group, and frequently to others as well.

Staff providing answers to inquiries are organized into teams of scientists, subject specialists and information scientists. They have access to computerized information sources, document supply services, and the network of experts in the field. The staff answering inquiries make substantial use of in-house databases, both acquired and CCOHS-developed. They also have access to commercially available databases, largely bibliographic.

Much information initially prepared to answer inquiries is ultimately made available electronically through the network of organizations connected to CCOHS' computerized information system. This makes possible the distribution of more information to more people as the information system grows.

CCINFO, CCOHS' Computerized Information Service

CCINFO, in addition to databases developed at the Centre, contains databases created by other organizations and is mounted on the in-house minicomputer. At present, it contains three bibliographic databases: CIS/ILO, NIOSHTIC and INFODOC. Additional direct information data bases are under development.

The CIS/ILO database was developed by the International Occupational Safety and Health Information Centre/Centre international d'informations de securite et d'hygiene du travail, at the International Labour Office. The database began in 1974 and contains approximately 18,600 citations and abstracts of the international literature on occupational health and

safety. It is updated at the rate of about 2,000 references per year. The printed version is issued in English as CIS Abstracts and in French as Bulletin CIS.

The subject matter of the database is occupational health and safety, and includes such diverse topics as ergonomics, chemical hazards, safety training and education, and occupational psychology and sociology. The references comprise a heterogeneous collection of laws, regulations, standards, codes of practice, guidelines, manuals, data sheets, books, general articles, research reports, dissertations and conference proceedings. CIS monitors selected publications on a continuing basis and receives documents from CIS national centres in ILO member countries. There are at present 47 CIS national centres.

Copies of the documents themselves are held in microfiche at CCOHS. CCOHS, the only Canadian location for the CIS microfiche collection, provides duplicate microfiche as part of its document delivery service.

The NIOSHTIC database, acquired from the National Institute for Occupational Safety and Health in the U.S.A., is also mounted in the CCOHS information system. This database contains approximately 107,000 references. Like the CIS/ILO database, NIOSHTIC contains material from a wide variety of disciplines. NIOSHTIC also allows the retrieval of complete bibliographic citations and abstracts of books, reports, journal articles, and reprints, as well as NIOSH publications, including contract and grant reports. In addition, citations from other computerized databases such as NTIS and CIS/ILO are retrievable. The source literature includes both U.S. and foreign material, primarily in the English language.

Furthermore, at the time that NIOSHTIC became operational in the fall of 1973, the results of retrospective searches on approximately 400 chemical and physical hazards were added to the database. Therefore, in contrast to the majority of databases, NIOSHTIC contains important articles from the early literature, some dating from the 19th century. NIOSHTIC contains published literature on selected topics from the personal collections of occupational health and safety professionals and a large number of translations from a variety of languages. On average, over 10,000 references are added yearly to NIOSHTIC in order to update the database.

The INFODOC database is a bibliographic file developed at CCOHS which describes and locates documents in the CCOHS collection of information resources. INFODOC contains approximately 20,000 records. A special effort is made to include Canadian materials in INFODOC.

HSELine, the catalogue of the Health and Safety Executive Library in England, is publicly available on Pergamon InfoLine and on ESA, the European Space Agency system.

In response to Canadian users' needs to the above bibliographic databases, CCOHS is also developing some unique databases of its own. CIOL, Chemical Information On Line, consists of two non-bibliographic files. One contains the full text of manufacturers' material safety data sheets. This database, relating to chemical trade names, contains information on commercial chemical formulations, with details on the identity and location of manufacturers/suppliers, chemical composition, Chemical Abstract Service Registry Numbers, toxicity, handling and storage, and personal protection. Additional specific information or interpretation of information will be provided by CCOHS subject specialists on request. It is envisaged that emphasis will be placed upon products of Canadian origin and/or usage. A complementary database, Cheminfo, lists the chemical and physical properties for individual chemical substances.

Also under development is the STUDIES database which is a register of Canadian occupational health and safety research projects recently completed, in progress or projected. Further

developments relate to a directory of organizations in occupational health and safety and a directory of people active in the field. Another prototype is the EVENTS database containing information on conferences, seminars, workshops and similar events in occupational health and safety.

In the early stages of evaluation is a legal database which will include information extracted from such sources as health and safety statutes and regulations, workers' compensation board statutes and regulations, safety equipment standards and labour relations board decisions.

For access to the computerized information system, the tripartite governing council has established a policy for providing nation-wide password connections in a series of phases. The first phase represents the granting of access to federal, provincial, and territorial jurisdictions in Canada. Each government organization connected to the system establishes a tripartite users' committee representative of government, employers and workers. The second phase relates to access by umbrella organizations representative of employers and of labour groups. The third phase will allow access by other organizations such as professional groups and educational institutions.

In addition to these developments, CCOHS has been evaluating the use of graphics, colour and animation for presenting information to users. A Telidon information package on the topic of asbestos was developed to explain a relatively complicated subject without the use of highly technical vocabulary.

For more information on the Centre, to request copies of CCOHS publications, or a publication list, or to submit an inquiry on any matter dealing with occupational health and safety, please contact the Inquiries Office. Inquiries are accepted by mail, telephone, in person or by telex (061-8532).

Inquiries Office
Canadian Centre for Occupational Health and Safety
250 Main Street East
HAMILTON, Ontario
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OCCUPATIONAL HEALTH AND SAFETY RESOURCES IN THE ONTARIO MINISTRY OF LABOUR LIBRARY

Brian H. Morrison
Reference Librarian,
Ontario Ministry of Labour Library

As a consequence of the environmental protection movement of the last two decades there has been a renewed interest in occupational health and safety especially in North America and Western Europe. Growing concern about the impact of chemical pollution on our environment has lead naturally to a concern about chemical pollution in our workplaces. Questions about occupational diseases, especially occupational cancer, and their relationship to chemical exposures have joined with older concerns about physical safety at work to spark much debate in the 1970s and 1980s among workers, managers, researchers and the general public. This debate has generated both a new flood of information in the area of health and safety in the workplace and a demand for access to suitable collections of such information.

Another factor promoting interest in, and access to, health and safety literature has been the legislative changes taking place in Canada since 1970. Following upon major revisions in the occupational health and safety legislation of the United States (1970) and the United Kingdom (1974), the federal and provincial governments have also revised and updated their legislation in this area. Many of these new laws have not only reemphasized the need for adequate safety training and awareness, but have also given workers and their unions important new rights to demand information about potential chemical and physical hazards in the workplace. This has lead to the establishment of new health and safety education courses given by labour unions, community colleges, universities and concerned community groups. An important task now is to provide access to reliable health and safety literature that will support such courses as well as address the general need for information in this area.

The Ontario Ministry of Labour Library, located at 400 University Avenue in Toronto, provides one of the best occupational health and safety collections in Canada. This collection, in its present form and location, is a result of the Ontario Occupational Health and Safety Act, 1978, which gave to the Ministry of Labour overall responsibility for workplace health and safety in the province. The Ministry Library, which already had a strong industrial safety collection (including construction safety and safety education), acquired the occupational health collection from the Ministry of Health and the mining health and safety collection from the Ministry of Natural Resources.

The overall resources of the Ministry Library number some 70,000 books and reports, 1200 journals and newsletters and several thousand items, both reports and journals, in a large microforms collection. About 40 per cent of the library's collection is devoted to occupational health and safety which covers not only industrial, construction and mining safety but also occupational and related general medicine, occupational health nursing, chemical engineering, toxicology, radiation protection, noise control, industrial hygiene and engineering controls, environmental health and safety education. The building of this comprehensive collection dates back to 1920 when Ontario was only the third jurisdiction in North America to establish a Division of Industrial Hygiene. In those early days, the librarians were able to collect material predating the 1920s thus giving the present collection an unparalleled historical scope and depth.

In the course of this short article it is only possible to touch upon the highlights of the collection. The Ministry Library collects all significant books, reports, government documents, loose-leaf services, material safety datasheets, indexes, abstracts, statistical publications and periodicals in occupational health and safety and its related subject

areas. The focus is on materials available in English. However, the collection does contain foreign language materials as well as important publications from Sweden, France, Japan, West Germany and the USSR. Often, the library is one of the few Canadian sources for such foreign material.

We have a strong government documents collection focussing on Canadian, American and British sources. For example, we collect all the health and safety publications of the federal and provincial governments, the publications of the United States Occupational Safety and Health Administration and the National Institute for Occupational Safety and Health, and the publications of the United Kingdom Health and Safety Executive. Other countries, their governments and agencies, are also represented.

Health and safety publications from international agencies are well covered. The library has large collections from the International Labour Office (ILO), the World Health Organization (WHO), the United Nations, the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA) and the International Commission on Radiological Protection (ICRP). The occupational and environmental health publications of the European Economic Community (EEC) and the Organization for Economic Cooperation and Development (OECD) should also be mentioned here.

We have a large collection of safety and product standards from such agencies as the Canadian Standards Association (CSA), the American National Standards Institute (ANSI), the National Fire Protection Association (NFPA), the British Standards Institution (BSI), International Standards Organization (ISO).

The periodicals collection contains complete hardcopy runs of all major health and safety journals. We also hold hardcopy runs of many government serials and newsletters from specialized research agencies, some of which have now ceased publication, which are difficult to find elsewhere. Our hardcopy holdings are supplemented by the large microforms collection.

The microforms collection contains over two hundred periodical titles and hundreds of government and non-government publications, reports and studies. Special collections in microform include a complete set of publications from the National Institute for Occupational Safety and Health (NIOSH), the National Cancer Institute's carcinogenesis bioassay program, the U.S. Bureau of Mines and such Canadian agencies as CANMET and Statistics Canada. Many ILO and EEC publications are available in the microforms collection.

The value of the library's health and safety resources for historical research is considerable. As already mentioned, the periodicals collection contains many out-of-print titles as well as hardcopy runs of some titles going as far back as 1919. The main collection, which began in the 1920s, contains many books, studies and government documents dating back to the early years of the 20th century. We have an archival pamphlet collection of over 14,000 items now being microfiched which contains early material of historical significance. Finally, our old periodicals index, which was also begun in the 1920s, provides access to historical references covering all areas related to health and safety in the workplace.

Two other collections should be mentioned - a vertical file collection covering several hundred health and safety topics and a newspaper clippings file going back to the 1960s which contains Canadian information in the area of health and safety. Both these collections are especially useful to students.

In addition to our main catalogue covering the monograph collection, we maintain a separate periodicals index based upon those titles we receive in the library. This index, which goes back to 1965, contains references to all aspects of occupational health and safety taken

from journal articles, conference proceedings and safety datasheets, the latter two types of sources being in our main collections. This index is a very useful guide to recent information, better in many respects than several online databases.

In 1982, the library automated this periodicals index using the BASIS private file system. The database, called MOLINDEX, contains over 25,000 health and safety references with retrospective coverage back to 1975. Over 300 new references are added monthly. Currently the library uses MOLINDEX as part of its online searching service to Ministry staff providing printouts on selected topics. The database is also used to produce our library bulletins. A COM fiche output supplementing the old card index is available for public use.

The Ministry Library maintains access to a full range of online computerized searching services. We subscribe to most of the major database systems including BRS, CAN/OLE, Dialog, Hazardline, Infoglobe, MEDLARS, ORBIT, QL Systems and Questel. Online searching is done for Ministry staff only. However, the results of these searches are kept on file in the library (in our "Bibliographies File") and are available for public use. In 1983, the library did 393 online searches on topics related to health and safety.

Recently, the Ministry has signed an agreement with the Canadian Centre for Occupational Health and Safety to make available public access to the Centre's computerized databases. These include two large international health and safety databases - CIS Abstracts from the ILO in Geneva and NIOSHTIC from NIOSH in the United States - and a trade names and safety datasheet file. The Ministry Library, in partnership with several other agencies in the Toronto area, is now offering free public searches on these databases.

This has been a quick overview of the nature of the health and safety resources available in the Ministry Library. Finally, a word or two is now necessary about our public services and access policy. It must be kept in mind that the Ministry Library is a government library whose primary responsibility is to serve the staff of the Ministry of Labour. However, we are open to the public during normal business hours and all our resources are available for public use. We have a reference staff of four professional librarians who are subject specialists and a reference desk open throughout the day. We will assist users in finding material within the library and we will answer simple reference requests over the telephone. However, we cannot undertake to do extensive research for the public. Whenever possible, the public is asked to use our resources in person. Last year, the library handled over 800 reference questions from the general public on topics relating to occupational health and safety. Coin-operated photocopying facilities, including microform reader/printers, are available. Although the public cannot borrow our materials directly, interlibrary loans can be arranged.

The library publishes two monthly library bulletins, one on labour relations and human rights and the other on occupational health and safety. These bulletins list our new acquisitions and a selection of the periodical indexing done during that month and stored in MOLINDEX. The bulletins are available free of charge on request. The library also publishes monthly bibliographies which appear as part of the bulletins. These bibliographies have covered many health and safety topics. Copies of all our bibliographies are available free of charge on request.

It is the mandate of the Ontario Ministry of Labour Library to maintain a comprehensive occupational health and safety collection to meet the needs of Ministry staff and to serve the general public whenever possible. As the demand for information in this area increases, we hope that more libraries will build and make available to their users adequate health and safety resource collections. This will enable more and more people to have easier access to information on a subject of vital public concern.

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LABORATORY SAFETY: A SELECTIVE BIBLIOGRAPHY

Compiled by Theresa Chernis and Judy Graham

INTRODUCTION

Bonita Stableford
Chief, Library Services Division
Health Protection Branch

As the scientific research and regulatory arm of the Department of National Health and Welfare, Health Protection Branch is primarily concerned with preventing exposure to controllable health hazards. The objective of HPB's wide-ranging programme is to:

> "Reduce illness and untimely death of Canadians associated with hazards in the environment, both man-made and natural".

This encompasses a variety of potential problems including environmental and occupational hazards, the safety of foods and their packaging materials, the quality and efficacy of prescription and non-prescription drugs as well as cosmetics, and the safety of medical devices and radiation emitting devices. In addition, the Branch is also responsible for monitoring the occurrence and causes of communicable and non-communicable diseases and for the analysis of illicit drugs seized by law enforcement agencies.

Many of these programmes are highly visible and their outcomes have a direct effect on the health of the Canadian public. For instance, recent projects include the following:

- investigation of indoor air pollution;
- identification and evaluation of chemicals found in the Great Lakes;
- evaluation of heroin's effectiveness as a cancer treatment
- identification of vomitoxin in Canadian wheat;
- studies on toxic effects of saccharin;
- assessment of salmonella contamination in cheese products;
- survey of infection control practices in Canadian hospitals;

Theresa Chernis is the Coordinator, Automated Search Services, Banting Research Centre Library.
Judy Graham is the Library Clerk, Environmental Health Directorate Library.

The Branch has the two-fold function to investigate potential health hazards as well as to develop and enforce legislation, such as the Food and Drug and Radiation Emitting Devices Acts. In the event of non-compliance with the prescribed standard, the Branch is empowered to take enforcement action ranging from product recall to seizure and destruction of hazardous materials.

These inspection functions are primarily carried out from regional and district offices located near manufacturing centres across Canada. Each of five regional headquarters is supported by laboratory operations. As well, major long-range analytical studies are conducted in Health Protecton Branch's numerous facilities located in Ottawa. These include specialized laboratories for the handling of highly hazardous materials, containment facilities for research on bacterial and viral materials and a compound for the housing and breeding of test animals.

About one half of the Branch's 1,900 staff are directly involved in laboratory-based research. For this reason, safety in the workplace and good laboratory practice are continuing concerns. A Branch Safety Committee has been in operation for some years, with area committees responsible for operations in every building which houses an active laboratory.

To serve this large clientele with diversified subject interests, the Branch has developed a network of specialized libraries. In late 1983, at the request of the Safety Committee, Health Protection Branch's library division prepared the following bibliography for distribution to Branch staff across Canada. An initial selection of books was made by library staff and then reviewed by a safety committee member to ensure its accuracy and currency. In cases where a recent edition of a classic was not available, for example Shapton and Board's Safety in Microbiology (1972), the original edition has been cited. The final bibliography contains a selection of books and government publications (cited separately for English and French editions) on topics relevant to the Branch's own needs in the areas of laboratory safety, good laboratory practice, hazardous chemicals, waste management and occupational health. It is not intended to be comprehensive and does not include journal articles.

By publishing this selected list, it is hoped that other libraries can use it as a time-saving collection development aid to create an authoritative collection of laboratory safety literature or to identify useful publications which might otherwise not be found. For this reason, prices, series numbers and ISBN's have been included where available. Addresses for Canadian government publications distribution centres are also included to facilitate ordering.

All materials included in the bibliography are held by one of the three libraries in the Health Protection Branch and in many cases, copies are also available at the Health and Welfare's Departmental Library. Many of these materials form part of the various reference collections, and therefore they are not available for loan outside the Department; these are designated by the indicator "REF" preceding the title. Interlibrary loans will be accepted for non-reference titles, but they are subject to internal demands. Requests should be forwarded to the appropriate location.

* * * * * * * * * *

LEGEND FOR LIBRARY LOCATIONS

EH - Environmental Health Directorate Library
Room B-20, Environmental Health Centre
Tunney's Pasture, Ottawa, K1A 0L2

FD - Banting Library
Sir Frederick G. Banting Research Centre
Ross Avenue
Tunney's Pasture, Ottawa, K1A 0L2

LC - Laboratory Centre for Disease Control Library
LCDC Bldg.
Tunney's Pasture, Ottawa, K1A 0L2

NH - Departmental Library
Health and Welfare Canada
2nd Floor, Brooke Claxton Building
Tunney's Pasture, Ottawa, K1A 0K9

ADDRESSES FOR CANADIAN GOVERNMENT PUBLICATIONS

LABOUR CANADA/TRAVAIL CANADA
Publications Distribution Centre
Ottawa, Ontario
K1A 0J2

HEALTH AND WELFARE CANADA/SANTÉ ET BIEN-ÊTRE SOCIAL CANADA
Personnel Administration Branch
Employee Program Section
Occupational Health and Safety
8th floor, East
Jeanne Mance Bldg.
Ottawa, Ontario K1A 0K9

Environmental Health Directorate
c/o Public Affairs Directorate
5th floor, Brooke Claxton Bldg.
Ottawa, Ontario K1A 0K9

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Canadian Government Publishing Centre
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ACKNOWLEDGEMENTS

Special thanks to Mrs. Shirley McCormick, of the HPB libraries' administration unit, for diligently locating series and ISBN numbers, prices and addresses for government publications.

ACCIDENT REPORTING/DECLARATION DES ACCIDENTS

REF EMPLOYERS' GUIDE TO PROCEDURES FOR REPORTING OCCUPATIONAL INJURIES AND DISEASES UNDER THE GOVERNMENT EMPLOYEES COMPENSATION ACT
Labour Canada. Hull, Supply and Services Canada, 1983.
Cat. No. L36-21/1983 ISBN 0-662-52381-4
Free. Order from Labour Canada
FD

REF GUIDE DE L'EMPLOYEUR MÉTHODES À SUIVRE POUR L'ETABLISSEMENT DES RAPPORTS D'ACCIDENTS DU TRAVAIL ET DE MALADIES PROFESSIONNELLES EN VERTU DE LA LOI SUR L'INDEMNISATION DES EMPLOYÉS DE L'ÉTAT
Travail Canada. Hull, Ministre des Approvisionnements et Services Canada, 1983. Cat. No. L36-21/1983 ISBN 0-662-52381-4 Gratuit. Commander du Travail Canada
FD

REF GUIDE DES ENQUÊTES SUR LES ACCIDENTS
Santé et bien-être social Canada, Direction générale de l'administration du personnel, 1983. Gratuit
FD

REF A GUIDE TO ACCIDENT INVESTIGATION
Health and Welfare Canada, Personnel Administration Branch 1983. FREE
FD

REF IF YOU HAVE AN ACCIDENT: WHAT TO DO AND HOW TO DO IT
Labour Canada. Hull, Supply and Services Canada, 1982.
Cat. No. L36-12/1980 ISBN 0-662-50901-3 Free
FD

REF SI VOUS AVEZ UN ACCIDENT DE QU'IL FAUT FAIRE ET COMMENT LE FAIRE
Travail Canada. Hull, Ministre des Approvisionnements et Services Canada, 1982. Cat. No. L36-12/1980 ISBN 0-662-50901-3
Gratuit. Commander du Travail Canada.
FD

HAZARDOUS SUBSTANCES - HANDBOOKS/MATIÈRES DANGEREUSES-GUIDES

CLINICAL TOXICOLOGY OF COMMERCIAL PRODUCTS
Gosselin, Robert E., ed. 5th ed. Baltimore, Williams and Wilkins, 1984.
ISBN 0-683-03632-7 $95.00
EH FD

DANGEROUS PROPERTIES OF INDUSTRIAL MATERIALS
Sax, N. Irving. New York, Van Nostrand Reinhold, 1984.
ISBN 0-442-28304-0 $225.00
FD (REF) EH

REF HANDBOOK OF REACTIVE CHEMICAL HAZARDS: AN INDEXED GUIDE TO PUBLISHED DATA
Bretherick, L. London, Butterworths, 1979.
ISBN 0-408-70927-8 $149.00
EH

HANDBOOK OF TOXIC AND HAZARDOUS CHEMICALS
Sittig, Marshall. Park Ridge, N.J., Noyes Data Corporation, 1981. ISBN 0-8155-08417 $64.00
FD NH

HAZARDOUS AND TOXIC EFFECTS OF INDUSTRIAL CHEMICALS
Sittig, Marshall. Park Ridge, N.J., Noyes Data Corporation, 1979. ISBN 0-8155-07313 $42.00
EH

HAZARDOUS CHEMICALS DATA BOOK
Weiss. G. Park Ridge, N.J., Noyes Data Corporation, 1980.
ISBN 0-8155-0831X $48.00
EH (REF) NH

HAZARDOUS MATERIALS SPILLS HANDBOOK
Bennett, Gary F. New York, McGraw-Hill, 1982.
ISBN 0-07-004680-8 $49.00
EH

REF NIOSH-OSHA POCKET GUIDE TO CHEMICAL HAZARDS
National Institute for Occupational Safety and Health.
Washington, D.C., U.S. Government Printing Office, 1978.
GPO No. 017-033-00342-4 $5.50
EH

REF OCCUPATIONAL HEALTH GUIDELINES FOR CHEMICAL HAZARDS
National Institute for Occupational Safety and Health.
Washington, D.C., U.S. Government Printing Office, 1981.
DHHS (NIOSH) Publ. 81-123 $49.50
EH LC

TOXIC AND HAZARDOUS INDUSTRIAL CHEMICALS: SAFETY MANUAL FOR HANDLING AND DISPOSAL WITH TOXICITY AND HAZARD DATA
Tokyo, International Technical Information Institute, 1979. ISBN 0-686-76109-X $65.00
EH

LABORATORY SAFETY/SÉCURITÉ AU LABORATOIRE

CHEMICAL HAZARDS IN THE WORKPLACE: MEASUREMENT AND CONTROL
Choudhary, Gangadhar. Washington, D.C., American Chemical Society, 1981. ISBN 0-8412-0608-2 $44.95
EH

COLLECTION AND HANDLING OF LABORATORY SPECIMENS: A PRACTICAL GUIDE
Slockbower, Jean M. et al. Philadelphia, Lippincott, 1983. ISBN 0-397-50520-5 $10.95
LC

GOOD LABORATORY PRACTICE
Paget, G.E. Lancaster, England, MTP Press, 1979. ISBN 0-85200-279-3
FD

GUIDE DE SÉCURITÉ POUR LES OPÉRATIONS DE LABORATOIRE
2e édition. Ottawa, Conseil du Trésor, 1977. Gratuit
EH FD LC NH

GUIDE TO THE COLLECTION AND TRANSPORT OF VIROLOGICAL SPECIMENS (INCLUDING CHLAMYDIAL AND RICKETTSIAL SPECIMENS)
Madeley, Charles Richard. Geneva, World Health Organization, 1977. ISBN 92-4-154055-9 Sw. Fr. 10
LC

GUIDELINES ON TOXIC AND HAZARDOUS CHEMICALS USED IN EDUCATIONAL INSTITUTIONS
Canada. Environmental Health Directorate. Ottawa, Health and Welfare Canada, 1980. ISBN 0-660-11073-3 $1.95
EH FD (REF)

HANDBOOK OF LABORATORY SAFETY
Steere, Norman V. 2nd edition. Cleveland, Chemical Rubber Company, 1971. ISBN 0-8493-0352-4 $59.95
EH FD

HANDLING CHEMICAL CARCINOGENS IN THE LABORATORY: PROBLEMS OF SAFETY
Lyon, International Agency for Research on Cancer, IARC Scientific Publ. No. 33, 1979.
ISBN 92-8-321133-2 $8.00
EH FD NH

HAZARDS IN THE CHEMICAL LABORATORY
Bretherick, L. 3rd edition. London, Royal Society of Chemistry, 1981. ISBN 0-85186-419-8 $34.65
EH FD LC

HEALTH AND SAFETY OF LABORATORY WORKERS IN CANADA: A REVIEW OF THE LITERATURE
Canada. Environmental Health Directorate. Ottawa, Health and Welfare Canada, 1982. Series No. 82-EHD-69. Free
EH LC NH

INTRODUCTION TO SAFETY IN THE CHEMICAL LABORATORY
Freeman, N.T. and Whitehead, J. London, Academic Press, 1982. ISBN 0-12-267220-8 $29.00
EH LC

LABORATORY-ACQUIRED INFECTIONS: HISTORY, INCIDENCE, CAUSES AND PREVENTION
Collins, C.H. London, Butterworths, 1983.
ISBN 0-408-10650-6 $49.95
LC

LABORATORY BIOSAFETY MANUAL
Geneva, World Health Organization, 1983. $20.00
LC

LABORATORY SAFETY: THEORY AND PRACTICE
Fuscaldo, Anthony A. et al. New York, Academic Press, 1980.
ISBN 0-12-269980-7 $43.50
FD LC

PRECAUTIONS FOR THE PROPER USAGE OF POLYURETHANES, POLYISOCYANURATES, AND RELATED MATERIALS
2nd edition, revised. Kalamazoo, Mich., Upjohn Company, 1980.
Order from: Upjohn Company, 300 Westnedge Ave., Kalamazoo, Michigan 49007.
EH

PRUDENT PRACTICES FOR HANDLING HAZARDOUS CHEMICALS IN LABORATORIES
National Research Council. Committee on Hazardous Substances in the Laboratory. Washington, D.C., National Academy Press, 1981. ISBN 0-309-03128 $16.95
EH FD LC

RECOMMANDATIONS POUR L'USAGE DES PRODUITS CHIMIQUES TOXIQUES ET DANGEREUX DANS LES ÉTABLISSEMENTS D'ENSEIGNEMENT
Canada. Direction de l'hygiène du milieu. Ottawa, Sante et bien-être social Canada, 1980. ISBN 0-660-90883-6 $1.95
EH FD (REF)

SAFE HANDLING OF CHEMICAL CARCINOGENS, MUTAGENS, TERATOGENS AND HIGHLY TOXIC SUBSTANCES
Walters, Douglas B. Ann Arbor, Mich., Ann Arbor Science Publishers, 1980. 2 volumes.
v.1 ISBN 0-250-40303-X $49.95
v.2 ISBN 0-250-40354-4 $49.95
EH FD

SAFETY AND LABORATORY PRACTICE; LEVEL 1
Clarke, B.P. New York, Van Nostrand Reinhold, 1981.
ISBN 0-442-30402-1 $17.95
FD LC

SAFETY GUIDE FOR LABORATORY OPERATIONS
2nd edition. Ottawa, Treasury Board, 1977.
TB Guide 5-1 Free
EH FD LC NH

SAFETY IN BIOLOGICAL LABORATORIES
Hartree, Edward and Booth, Vernon. London, Biochemical Society, 1977. Second Printing, 1979. Special Publication No.5.
ISBN 0-904498-050 $4.00
FD

SAFETY IN MICROBIOLOGY
Shapton, D.A. and Board, R.G. London, Academic Press, 1972.
ISBN 0-12-638860-1 $38.00
FD

SAFETY WITH LASERS AND OTHER OPTICAL SOURCES: A COMPREHENSIVE HANDBOOK
Sliney, David and Wolbarsht, Myron. New York, Plenum, 1980.
ISBN 0-306-40434-6 $59.50
EH

LA SANTÉ ET LA SÉCURITÉ DANS LES LABORATOIRES; UNE ETUDE DE LA DOCUMENTATION
Canada. Direction de l'hygiène du milieu. Ottawa, Sante et bien-être social Canada, 1982. Série 82-DHM-69 Gratuit
EH NH

OCCUPATIONAL HEALTH AND SAFETY/HYGIÈNE ET SÉCURITÉ PROFESSIONNELLES

REF BEST'S SAFETY DIRECTORY
Oldwick, N.H., A.M. Best Company, 198?.
ISSN 0090-7480 $18.00
EH

REF ENCYCLOPAEDIA OF OCCUPATIONAL HEALTH AND SAFETY
Geneva, International Labour Office, 1983.
ISBN 92-2-103290-6 $155.00
EH NH

REF ENCYCLOPÉDIE DE MEDECINE, D'HYGIÈNE ET DE SÉCURITÉ DU TRAVAIL
Geneve, Bureau international du Travail, 1973-1974.
ISBN 92-2-201000-0 $151.25
EH NH

REF HANDBOOK OF OCCUPATIONAL HEALTH AND SAFETY
Canada. Treasury Board. Occupational Health and Safety Group. 3rd edition. Hull, Supply and Services Canada, 1982.
ISBN 0-660-10984-0 $7.35
EH FD LC NH

HEALTH AND SAFETY MANUAL
Lawrence Berkeley Laboratory. Springfield, Va., National Technical Information Service, 1980. Publ. No. 3000 $26.50
EH

REF MANUEL DE L'HYGIÈNE ET DE LA SÉCURITÉ PROFESSIONNELLES
Canada. Conseil du Tresor. Group de l'hygiene et de la securite Professionnelles. 3e edition. Hull, Ministre des Approvisionnements et Services Canada, 198?. ISBN 0-660-10984-0 $7.35
EH FD LC NH

OCCUPATIONAL HEALTH AND SAFETY: A TRAINING MANUAL
Ontario Federation of Labour. Toronto, Copp Clark Pitman, 1982. ISBN 0-77304-0447 $12.95

THE SIGNS AND SYMPTOMS OF CHEMICAL EXPOSURE
Block, J. Bradford. Springfield, Ill. Thomas 1980.
ISBN 0-398-03958-5 $12.75
EH

THRESHOLD LIMIT VALUES/SEUILS DE CONCENTRATION

DOCUMENTATION OF THE THRESHOLD LIMIT VALUES
4th edition. Cincinnati, Ohio, American Conference of Governmental Industrial Hygienists, 1980. Includes yearly supplements. ISBN 0-036-712317 $80.00
EH

THRESHOLD LIMIT VALUES FOR CHEMICAL SUBSTANCES AND PHYSICAL AGENTS IN THE WORK ENVIRONMENT
Cincinnati, Ohio, American Conference of Governmental Industrial Hygienists, 1984. ISBN 0-936712-54-6 $12.00
EH

WASTE MANAGEMENT AND DISPOSAL/GESTION ET ELIMINATION DES DÉCHETS

DRAFT MANUAL FOR INFECTIOUS WASTE MANAGEMENT
U.S. Environmental Protection Agency, Office of Solid Waste. Washington, D.C., The Office, 1982. SW-957 $7.50
EH

REF EMERGENCY RESPONSE GUIDE FOR DANGEROUS GOODS
Canada. Transport of Dangerous Goods Branch. Information and Emergency Centre. 2nd edition. Toronto, Copp Clark Pitman, 1983.
ISBN 0-7730-4040-4 $10.55
EH

REF GUIDE D'URGENCE POUR LES MATIÈRES DANGEREUSES
Canada. Direction du transport des marchandises dangereux. Centre d'information et d'urgence. 2ième édition. Toronto, Copp Clark Pitman, 1983. ISBN 0-7730-4041-2 $10.55
EH

REF HAZARDOUS WASTE MANAGEMENT HANDBOOK 198?
Orchard, R.V. Don Mills, Ont., Corpus, 1981.
ISSN 0711-7140 $117.00
EH

RED HAZARDOUS CHEMICALS: INFORMATION AND DISPOSAL GUIDE
Armour, M.A. et al. Edmonton, Alta., Department of Chemistry, University of Alberta, 1982. $8.00
LC

HAZARDOUS WASTE MANAGEMENT
Pierce, J. Jeffrey and Vesilind, P. Aarne. Ann Arbor, Mich., Ann Arbor Science Publishers, 1981. ISBN 0-250-40459-1
$29.95
FD

LABORATORY DECONTAMINATION AND DESTRUCTION OF AFLATOXINS B1, B2, G1, G2 IN LABORATORY WASTES
Lyon, International Agency for Research on Cancer, 1980.
IARC Scientific Publ. No.37. ISBN 92-832-11375 Sw. Fr. 18
EH NH

LABORATORY DECONTAMINATION AND DESTRUCTION OF CARCINOGENS IN LABORATORY WASTES: SOME N-NITROSAMINES
Lyon, International Agency for Research on Cancer, 1982.
IARC Scientific Publ. No.43. ISBN 92-8-321143-X $12.00
EH NH

LABORATORY DECONTAMINATION AND DESTRUCTION OF CARCINOGENS IN LABORATORY WASTES: SOME POLYCYCLIC AROMATIC HYDROCARBONS
Lyon, International Agency for Research on Cancer, 1983.
IARC Scientific Publ. No.49. ISBN 92-8-321149-9 $12.00
EH NH

LABORATORY WASTE DISPOSAL MANUAL
Washington, D.C., Manufacturing Chemists' Association, 1973.
EH

PESTICIDE DISPOSAL AND DETOXIFICATION: PROCESSES AND TECHNIQUES
Dillon, A.P. Park Ridge, N.J., Noyes Data Corporation, 1981.
ISBN 0-8155-0857-3 $48.00
NH

PRUDENT PRACTICES FOR DISPOSAL OF CHEMICALS FROM LABORATORIES
Washington, D.C., National Academy Press, 1983.
ISBN 0-309-03390-X $16.50
EH

THE OCCUPATIONAL HEALTH AND SAFETY COLLECTION AT ALBERT CAMPBELL LIBRARY

Katherine Tsao
Reference Librarian
Albert Campbell District Branch
Scarborough Public Library

The Albert Campbell Library, a district library in the Scarborough Public Library system, has a collection of books and other materials relating to occupational health and safety that is unique within the Metro Toronto public libraries.

This collection came into being after the librarians at Albert Campbell read a report by three library school students on a fieldwork project entitled "Occupational Health and Safety Information in the Public Libraries of Metro Toronto" (1). The librarians recognized that they needed to know more about such a current topic, the Ontario Occupational Health and Safety Act having become law in 1978. The lack of information on this topic in public libraries as detailed in the report, provoked the librarians, including me, to visit special libraries in the field to find out what sort of collection building was involved.

The Albert Campbell Library had long tried to serve the labour and industrial communities in its area and this topic seemed to tie in with our efforts in that direction. Thus, three librarians visited the Ontario Federation of Labour Library, the Ministry of Labour Library and the Industrial Accident Prevention Association Library. We consulted various bibliographies in the field and ordered the present core collection of occupational health and safety materials. Our intention was not to duplicate the specialized and in-depth collections in the libraries that we visited, but rather to set up a basic collection for the general public. Reference questions beyond the depth of our collection are referred to the special libraries mentioned before.

What are the materials in this collection? We found that most of the information in the field is produced by the National Institute on Occupational Safety and Health in the United States. Its publications are relatively inexpensive and, once on their mailing list, one can get most current publications free. Our collection was started with about two shelves of NIOSH publications. It consists mostly of precise, basic health and safety guides for various industries and trades; for example, books giving the recommended standards for exposure to hazardous chemicals and gases, such as carbon dioxide, PCBs, fibre glass and so on.

Since the NIOSH publications comprise mainly small paperbacks they are not catalogued, nor integrated into the main collection. Instead they are arranged alphabetically by title at the end of the "deweyed" sequence of books and each has an identifying label: "Occupational Health and Safety Collection".

In addition to this collection of NIOSH publications, princeton files contain useful pamphlets and publications from the Ministry of Labour, the Industrial Accident Prevention Association, the Canadian Centre for Occupational Health and Safety in Hamilton, as well as from various safety associations such as, for example, the Construction Safety Association. These materials were acquired during visits to special libraries, and by writing to safety associations.

Newsletters and periodicals from safety associations and current bibliographies, from both the Ontario Ministry of Labour Library and the Industrial Accident Prevention Association Library, make up the remainder of this uncatalogued collection. The collection is treated as a reference collection, but short-loan arrangements can always be made on request.

To facilitate retrieval and re-ordering, a special where-to-look file was developed. Since the publications were filed by issuing body on the shelf, they were also arranged by issuing authority in this file.

To complement this special collection, we have ordered copies of the key texts and reference books in the field, based on recommendations made to us on visits to other libraries and from reading current bibliographies from the libraries of the Ontario Ministry of Labour and the Industrial Accident Prevention Association. These are catalogued and, to make them easy to retrieve and to browse, we have made arrangements with the cataloguing department to have them catalogued under one dewey number and one subject heading. Originally, we wanted to keep this collection in the 600's, but the cataloguing department found that with the new dewey, 363.11 is more appropriate; the subject heading "Industrial Safety" is also more suitable than "Occupational Health and Safety".

Library clients were referred back and forth from the catalogued and uncatalogued collections by signs in both areas. As the uncatalogued part of the collection grew, the where-to-look file proved to be inadequate. Creating a manual subject index was too time-consuming. Luckily, the Branch has an Apple II microcomputer, and with the help of a library school student this summer, we were able to create a computerized keyword-out-of-context index for the uncatalogued collection, both for use by the staff and the public. Eventually I hope to incorporate catalogued titles into this KWOC index so that there will be one index for the whole collection. Meanwhile, an in-house bibliography highlighting titles in both the catalogued and uncatalogued sections of our Occupational Health and Safety Collection was prepared and will be sent out on request.

Whom do we want to reach with such a collection? Essentially we want to reach the labour and industrial communities of Scarborough, both union people and management, but the collection could be of use to anyone in the workforce, employer and employee alike, as well as to high school and college students. To my knowledge, this collection is unique within Metro's public libraries. Our objective thus is to establish the Albert Campbell Library as a resource for occupational health and safety information, not only in Scarborough, but possibly Metro, especially since the special libraries of the Ministry of Labour, the Ontario Federation of Labour, and the Industrial Accident Prevention Association are not open during evenings and weekends.

A publicity campaign has been launched to make users of occupational health and safety information aware of this collection at Albert Campbell and to attract groups in to look at and use the collection. Letters and flyers describing the new collection and service have been sent to every union local in Scarborough, the national headquarters of trade unions in the Metro area and to all big businesses and industries in Scarborough. Flyers have also been sent to the organizers of occupational health and safety conferences, workshops and seminars held in Metro every year and to the teachers of the various occupational health and safety classes offered by the community colleges, such as Humber College, Ryerson and Centennial College. A press release was also sent out to the Metro newspapers and to health and safety organizations, some of which have been kind enough to publicize the collection in their own newsletters.

Our major problem today with this collection is that usage remains low. At first it was thought that under-exposure to a new collection accounted for the relatively poor interest.

However it has now been over three years since the establishment of the collection and, while the materials have multiplied, usage has remained static. A recent evaluation seems to suggest that the way in which the collection has been promoted might not be appropriate for the target population. Ways of re-packaging our publicity efforts are therefore being explored in the hope of producing better results in the future.

FOOTNOTES

(1) Brcic, V., Rannu V. and Vise M. "Occupational Health and Safety Information in the Public Libraries of Metro Toronto" Directed Fieldwork Report--University of Toronto, Faculty of Library Science, May, 1980. A similar article by the above authors appeared in Ontario Library Review, 66, June 1982, pp.23-32.

THE OCCUPATIONAL AND ENVIRONMENTAL HEALTH UNIT LIBRARY, FACULTY OF MEDICINE UNIVERSITY OF TORONTO

Fitzgerald Building, 150 College Street, Toronto, M5F 1A1
Tel: (416) 978-4522
Librarian: Priscilla Wagner

The Occupational and Environmental Health Unit comprises a program within the community health department of the University of Toronto. Doctor J.R. Nethercott is the Director of the program, and also of the Occupational Health Clinic at St. Michael's Hospital, Toronto.

On October 1, 1984 the collection of occupational and environmental health materials moved into new quarters: Room 137 of the Fitzgerald Building, University of Toronto. Priscilla Wagner, the librarian, along with one part-time volunteer, is faced with the onerous task of processing some 1,700 books which were recently catalogued by UTLAS. Currently the library has approximately 25 paid journal subscriptions and receives a further 20 titles free of charge. Due to the relatively short life of the library, periodical back-runs are not extensive. The collection began with a grant from Union Carbide Canada Ltd. and is currently receiving support from the Eaton Foundation.

Online services in the library are provided through MEDLARS and DIALOG. At the moment library services are intended primarily for the faculty and students in the program, as well as for the staff of the occupational health clinic at St. Michael's Hospital; however, the library's mandate is now under review and may be broadened in the near future. A limited inter-library loan system is offered, but the library should not be regarded as a first-choice resource centre. A 20 cents per page photocopy charge is levied against outside users. Members of the public are most welcome to use the collection for reference and may have access to photocopying facilities.

FROM THE HEALTH SCIENCES RESOURCE CENTRE, CISTI/DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ, ICIST

Marilyn E. Schafer
Health Sciences Resource Centre

On November 6-7, 1984, I attended an International Technical Meeting held by the National Library of Medicine in Bethesda, Maryland. The major purpose of the meeting was to inform foreign Centres about the progress being made on MEDLARS III. Tuesday, November 6th was devoted entirely to this topic.

The purpose and objectives of MEDLARS III, as stated by the MEDLARS III Task Force in its September 30, 1980 report are:

> "MEDLARS III will be the National Library of Medicine's (NLM's) third-generation computer-based system for library and information services. MEDLARS III will, when implemented, represent a significant transition from a partially automated, loosely integrated set of functions, to a highly automated, tightly integrated system, that is responsive to the needs of the many MEDLARS III users. MEDLARS III will be a comprehensive computer-based system for the management and delivery of biomedical information and documents needed by members of the biomedical community."

This goal still stands today.

Phase I is half completed and the Task Force is within two weeks of the contract schedule. The overall system design has been submitted for NLM's approval and is currently being considered. Included in Phase I are: Cataloguing, Acquisitions, overall system architure, a database management system and a pilot information retrieval language. This is not expected to be fully installed and operational until the end of 1985.

Phase II is beginning now with a full requirements study and will include indexing, serials control and subject authority mechanisms. This should be completed by the end of the third quarter of 1986.

Note: Both of these two phases relate to internal processing and data management. While this is expected to make the databases more timely it will not affect the online searcher in any great way. However, as we have already experienced, testing may cause system overload and result in line drops.

Phase III will not begin until a year from now and is not expected to be complete before late 1987. Phase III includes information retrieval, document location and routing and collection management. Therefore, we should not expect to see major changes for searchers until 1987.

Another Technical Meeting will be scheduled for 12-18 months from now and I shall endeavour to keep you posted on future developments.

* * * * * * * * * * *

Les 6 et 7 novembre 1984 j'ai assisté à une réunion technique internationale tenue par la National Library of Medicine à Bethesda, Maryland. L'objectif principal de la réunion était de mettre les centres étrangers au courant des progrès accomplis dans l'implantation de MEDLARS III. La journée du mardi 6 novembre y fut entièrement consacrée.

Le but et les objectifs de MEDLARS III, comme mentionné par le groupe d'étude MEDLARS III dans son rapport du 30 septembre 1980 sont les suivants:

> "MEDLARS III sera le système informatique de troisième génération de la National Library of Medicine (NLM) pour les services de bibliothèque et d'information. MEDLARS III représentera, lors de sa mise en oeuvre, une transition importante d'un ensemble de fonctions partiellement automatisées et intégrées sans trop de rigueur a un système hautement automatisé et grandement intégré qui répond aux besoins des nombreux utilisateurs de MEDLARS III. MEDLARS III constituera un système informatique complet pour la gestion et la fourniture d'information et de documents de nature biomédicale nécessaires aux membres de la communauté biomédicale". (Traduction libre)

Cet objectif est toujours valide aujourd'hui.

La phase I est à demi terminée et l'échéancier du contrat est respecté à deux semaines près. La conception globale du système a été soumise a l'approbation de la NLM et fait présentement l'objet d'étude. Voici des elements qui font partie de la phase I: le catalogage, les acquisitions, l'architecture générale du système, un système de gestion de bases de données et un langage pilote de repérage de l'information. On ne prévoit pas l'installation complète et le bon fonctionnement de ces composantes avant la fin de 1985.

La phase II débute présentement avec l'étude des besoins complets et doit comprendre l'indexation, la vérification des périodiques et les mécanismes de vedettes thématiques. Cette phase doit être terminée vers la fin du troisième trimestre de 1986.

Note: Ces deux phases touchent le traitement interne et la gestion des données. Même si les responsables s'attendent à ce que les bases de données soient plus pertinentes, l'utilisateur du système automatisé ne sera pas touche dé façon significative. Cependant, comme nous en avons déjà fait l'expérience, les essais peuvent causer une surcharge du système et entraîner des interruptions de communication.

La phase III ne débutera pas avant un an et ne doit pas être terminée avant la fin de 1987. Cette phase comprend le repérage de l'information, la localisation de documents et l'acheminement et la gestion de collection. Nous ne devons donc pas nous attendre à des changements importants pour les personnes qui interrogent MEDLARS avant 1987.

Une autre réunion technique est prévue dans 12 à 18 mois. Je m'engage à vous informer de tout progrès dans ce dossier.

MLA DENVER 1984: OVERVIEW OF SOME TRENDS IN LIBRARY AUTOMATION

Patricia Fortin
Librarian
Toronto Institute of Medical Technology

As indicated by the theme of the 1984 MLA annual meeting and conference, "Linkages to the future: stages and strategies", the focus was on planning and implementing technological innovations.

The comprehensive program revolved around themes such as: implementing (technological) change, barriers to innovations, the library as an agent for change, and planning for IAIMS (Integrated academic information management systems).

This report is not a summary of the conference, but highlights two trends in library automation that are significant. These trends are: end-user database searching; and integrated library systems.

The proliferation of microcomputers has encouraged a broader access to remote online databases, and as a result, end-user searching is becoming increasingly popular (certainly throughout the U.S.) A number of sessions at the MLA conference focussed on the role of the librarian in meeting needs that have arisen from this trend; that is, how the library can assert its viability by being the "expert" consultants in end-user searching.

It seems that the librarian can play three distinct roles in facilitating end-user access to databases: librarian as educator, intermediary, and administrator. The librarian as educator provides formal instruction on: the introduction of database searching; how to perform simple searches; educating users as to the capabilities and limitations of certain systems; instruction on using search tools such as MESH. The librarian as intermediary can offer assistance to users in defining their search requirements, in the development of search statements for more complex searches, and in using the search tools for developing the search statement.

Librarians could further play a role as administrators in facilitating end-user searching by managing access to databases on a cost recovery basis. This would include registering and providing users with I.D., billing them, and advising them of changes.

Indeed, one is certainly left with the impression that the future of online searching is with end-users. Vendors are now concentrating on making their databases more user friendly, on making available full text information as well as bibliographic information in order to appeal to a broader sector of possible users. It is further anticipated that there will be more sites for database storage, thus reducing telecommunications costs and encouraging wider availability.

Just as the future of online searching is with end-users, so it seems that the future of library automation is with integrated systems. The design of an integrated library system takes advantage of the logical inter-relationships among functions and uses of data files,

especially the bibliographic database in the performance of library functions for cataloguing, circulation, acquisitions, online catalogues, etc. Thus, instead of a library purchasing one system for cataloguing, and perhaps another system for circulation, the library can purchase a "package": the integrated system. The integrated system should eventually permit automation of all library functions, as well as permit planning for stage implementation. Indeed, the library can implement one module of the integrated system, such as the creation of the bibliographic database, to allow staff the time to develop an expertise with the system as a whole before the implementation of a second module such as, for example, the circulation system.

Another unique advantage of integrated systems lies in the implementation of new developments or systems. If a library purchases a system where a serials check-in module is not available, but is anticipated in the near future, there is comfort in the knowledge that that innovation can be readily integrated without the need for additional capital for new hardware or a different system.

The inevitability of technology finding a home in all libraries has resulted in vendors designing integrated systems for applications in small to medium size libraries.

At MLA, OCLC unveiled its LS/2000 Micro Series, an integrated system for smaller libraries. The Georgetown University Medical Center also gave extensive demonstrations of its Library Information System. The system package for each includes the necessary hardware configuration with all the necessary applications software, including planned software for future additions, such as a serials check-in module. Any new modules can be implemented without incurring additional hardware costs or extensive software modification.

Of course, it is always imperative that a library thoroughly define its requirements in order to ensure installation of the proper hardware and software configuration to accommodate future requirements and growth.

In the end, MLA 1984 presented both the theoretical and practical aspects of technological change. There were sessions on future innovations in library automation as well as practical sessions on planning for library automation. Again, the overwhelming impression is that, not only is the application of technology in all libraries inevitable, but the goal should be for libraries to be at the forefront of technological innovation by being an agent for change in the application of technology.

REPORT ON THE O.M.A./NOMP REGIONAL WORKSHOP ON BASIC LIBRARY SKILLS FOR PERSONNEL IN HEALTH CARE INSTITUTIONS

Jan Greenwood
Consulting Librarian
Ontario Medical Association
NOMP

A two day workshop, sponsored jointly by the Ontario Medical Association and the Northwestern-Ontario Medical Programme (NOMP) was held in Thunder Bay on October 25 and 26. In addition to representatives from twelve of the thirteen libraries in the NOMP Network, participants came also from the Thunder Bay District Health Unit, the Resource Centre for Occupational Health and Safety at Lakehead University and the Ontario Cancer Treatment and Research Foundation.

The NOMP programme is administered by McMaster University and is intended to provide comprehensive support for the medical students and residents of Ontario's medical schools who elect to receive part of their training in the northwestern area of the province. As far as NOMP's library service is concerned, the libraries in the network receive extensive backing from the Health Sciences Library at McMaster, particularly in terms of acquisitions, reference and inter-library loans. Sandi Bremner of the McKellar General Hospital in Thunder Bay is the local coordinator for the programme.

The purpose of the workshop was to provide an elementary overview of library management and organization.

During the workshop's opening segment on administration, an attempt was made to formulate the framework for a policies and procedures manual. Participants received a proto-type for such a manual, including outlines for a position description and an annual report, as well as possible terms of reference for a library committee.

In the section on selection and acquisitions attention was paid to existing core lists and establishing the core collection. Selection policies also came under brief review. A discussion on the role of the subscription agency was supplemented by detailed handouts and participants were taken step by step through the acquisitions process.

Sylvia Katzer, Northern Outreach Librarian, provided an overview of the reference process and introduced participants to the basics of MEDLINE in preparation for a later online demonstration by Ingrid Scott, Search Services Librarian at Lakehead University Library (LUL). The libraries represented at the workshop do not have online capabilities but the purpose of including MEDLINE on the agenda was to familiarize participants with the technology and to assist personnel in interpreting and transmitting literature search requests to other institutions. Betty Bishop, Orientation Librarian at LUL, who also attended the workshop, took everyone on a tour of LUL, with particular reference to the health sciences collection. After the tour she gave instruction in the use of some of the major health sciences tools which served to reinforce Sylvia Katzer's earlier overview of the reference process.

The danger inherent in attempting to cover all aspects of library service in only two days is, of course, that some topics are given short shrift and, in this case, it was the organi-

zation of the collection that suffered to some degree. However, as was the case with her reference segment, Sylvia Katzer provided voluminous handouts that essentially amounted to workbooks on the two topics for the participants' review and future reference.

Dorothy Fitzgerald's talk on networking received a very enthusiastic response. It was clear that those who are a part of the NOMP network benefit enormously from this association and participants reacted very positively to the idea of becoming an official chapter of CHLA. The relevant information will be forwarded to Sandi Bremner in order that this possibility might be further explored by the group.

The discrepancy in the qualifications of the participants posed a slight problem for the speakers; some of the registrants are employed full-time in established libraries, while others are attempting to establish library services from scratch without training or experience. What the registrants did share in common was an enthusiasm for the task and a willingness to learn. They were a pleasure to teach.

REPORT OF THE CHLA/ABSC EDUCATION COMMITTEE

Submitted by: Margaret Taylor
Chair

The members of the 1984/85 Education Committee are: Margaret Taylor (Chair), Mary Conchelos (Past Chair), Margo Hawley, Linda Solomon Shiff, Anitra Laycock, Sylvia Katzer, Michael Tennenhouse, Marilyn Schafer, William Maes (Conference CE Committee Chair). Except for Margaret and Mary, all are new members

The Committee has only had one formal meeting to date and this was held on September 5, 1984 at the Children's Hospital of Eastern Ontario in Ottawa. Unfortunately, only three committee members were able to attend but Mrs. Taylor has been in contact by telephone with most of the other members. From these conversations and from discussion at the meeting, it was decided that:

- the CHLA Teleconference tapes would be given to the CHLA Archives
- lists of CHLA course participants would be kept by the Committee for seven years and then given to the Archives
- the Terms of Reference for the Committee should be rewritten to reflect the relationship of this group with the Conference CE Committee
- a needs assessment should be carried out to determine continuing education priorities of all CHLA/ABSC members
- course development should be given priority by the Committee with a course on 'Canadian health statistics' being first on the list and other topics to be determined from the needs assessment
- the issue of automatic MLA certification of CHLA/ABSC courses must be clarified in view of the new MLA "Criteria of Quality" standards

Mary Conchelos volunteered to direct the needs assessment survey and to write the new Terms of Reference (attached to this report). Margaret Taylor said that she would bring the matter of MLA certification of CHLA courses to the Board and would look after the donation of Committee materials to the Archives. Other committee members agreed to help in finding people to teach and develop courses. Margaret Taylor has also agreed to act as the CHLA representative on the CLA Continuing Education Co-ordinating Group.

William Maes, Chair of the Conference CE Committee, has been in touch with Margaret Taylor several times since the summer. His committee would like to offer three courses at the conference: reference services, management, and online searching. The reference course may be an MLA course or a CHLA course. The management course will be a CHLA sponsored course but would likely be taught by management consultants from the University of Calgary. These two courses will be offered on Sunday before the conference. The third course will be a combination of two half-day courses. The first half-day session will be CISTS/HRSC's advanced search strategy course. The second half-day session will be an abridged version of

CE3 on online retrieval. This abridged version will not cover Medlars databases as this will be covered in the CISTI course. It was thought that registrants could sign up for either half-day session or both. These half-courses will be given on Wednesday if possible. Mrs. Taylor and the Education Committee are happy to help Mr. Maes and his committee in the planning of the continuing education program for the 1985 conference.

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REVISED TERMS OF REFERENCE - EDUCATION COMMITTEE

PURPOSE

This Committee is concerned with all matters relating to education for librarians, library technicians and other health sciences information personnel.

MEMBERSHIP

This Committee shall consist of up to 8 members with regional representation. The Chair should be selected from the present committee as approved by the Board and a call for members issued annually in the Bibliotheca Medica Canadiana. Members shall be appointed for a 2 year term with half the membership retiring each June 30th. The Chair of the Conference Continuing Education Committee shall be de facto a member of the Education Committee.

REPORTING STRUCTURE

The Committee reports at each meeting of the Board of Directors and makes a formal written report once a year.

OBJECTIVES

1. To coordinate the educational activities of CHLA/ABSC.

2. To identify the educational needs and concerns of the membership. A formal poll will be conducted annually in the BMC as one method of data collection.

3. To encourage the development of programmes to meet the needs of members through:

   a. Liaison with schools of library and information science, etc.

   b. Sponsorship of courses, workshops, programmes by CHLS/ABSC.

   c. Working closely with and giving direction to the Conference Continuing Education in deciding on CE courses to be given at the annual conference (specifically, the Education Committee shall approve course topics, content and instructors).

   d. Working closely with MLA on matters of certification of CHLA/ABSC sponsored courses.

   e. On-going evaluation of CHLA/ABSC course offerings, workshops, etc. to ensure they meet high standards.

f. Maintaining a directory of persons interested in developing or teaching courses and their area(s) of expertise.

g. Maintaining an inventory of materials used in courses sponsored by CHLA/ABSC.

4. To encourage the development of Canadian educational materials such as syllabi, manuals, etc.

5. To review proposed educational projects and materials and to recommend CHLA/ABSC sponsorship to the Board.

6. To prepare discussion papers on matters of educational concern and/or professional development.

CHLA BOARD MOTION: UNION LISTS OF SERIALS

Further to David Crawford's remarks in **A Word from the President**, BMC, Vol. 6, No. 1 and page 85 of this issue, the following motion was approved by the CHLA Board at its meeting on September 27, 1984:

"Recognizing the importance of accurate and complete locating tools to the library community in general and the health library community in particular the Board of CHLA urges the National librarian and the Director of CISTI to improve the existing union lists of serials produced by their organizations.

In particular the Board requests that:

A. Urgent priority be given to providing the capability for a library or group of libraries to obtain an alphabetical print-out of all titles they have reported to both national union lists.

B. High priority be given to improving the bibliographic citations in the union lists so that these reflect correct AACR2 form of entry.

C. Once recommendation A above is implemented such lists be made available both for checking and for local union list purposes at a reasonable cost and further

D. Suggests that the National Librarian and the Director of CISTI establish a representative group of librarians to advise on the content, format and policies of the National union lists of serials."

CHLA/ABSC FINANCIAL REPORT

STATEMENT OF INCOME AND EXPENDITURES
for the years 1981-82 to 1983-84
(based on Auditor's Reports)

INCOME	1983-84	1982-83	1981-82
Membership Dues	7,467.87	9,266.25 (1)	6,952.87
Interest Income	760.99	715.00	606.97
Conference Income	3,000.00 (2)	2,581.38 (2)	620.02 (2)
Sundry Income	332.59	---	---
	$11,561.45	$12,562.63	$8,179.86
EXPENDITURES			
Convention Expense	2,603.09	649.80	---
Printing & Publication, Postage, Telephone, Copying	7,832.02 (3)	2,884.67	4,082.80
Translation	481.80	198.90	241.56
Membership Dues	---	---	102.50
Travel & Meetings	2,924.21	1,746.83	1,011.69
Audit Fees	150.00	150.00	150.00
Legal	---	---	80.00
By-laws	---	---	351.42
Membership Committee	---	---	200.00
Sundry	471.04	65.05	49.65
	$14,462.16	$5,695.25	$6,269.62
INCOME OVER EXPENDITURES	($2,900.71)	$6.867.38	$1,910.24

NOTES:

1. Includes $2,375.00 from 1983-84 membership dues collected in advance.
2. Conference sites: '81 - Montreal; '82 - Saskatoon; '83 - Winnipeg.
3. Includes printing of BMC V. 4 #3-5, V. 5 #1-4, Canhealth.

STATEMENT OF FINANCIAL POSITION
as at May 31, 1984
(based on Auditor's Report)

CASH IN BANK	4,109.00	
TERM DEPOSITS	25,307.30	(1)
	$29,417.20	

Notes:
1. $20.000.00 of the term deposits is from the CIDA grant for the 5th Internattional Congress on Medical Librarianship, to be paid to IFLA in October 1984.

NEWS & NOTES

PEOPLE ON THE MOVE

The Department of National Health and Welfare is pleased to announce the appointment of Ms. **Rise Segall** as Manager, Information Services within the Departmental Library Services Division. Ms. Segall's main responsibilities will be to plan and direct the activities of collection development, reference and automated literature searching; to develop and implement a marketing plan; and to direct the collection rationalization programme among Departmental libraries. Toward this end, she will serve as the liaison within the Departmental library network and between the Department and the community ona national and international level.

Le Ministère de la Santé nationale et du Bien-être social est hereux d'annonceeer la nomination de Mlle. **Rise Segall** au poste de Gestionnaire des Services de l'information à la Division des services de bibliothèque du Ministère. Mlle. Segall aura pour tâche principale de planifier et de diriger les activités de developpement des collections, de référence, et de recherche automatisée; d'établir et de mettre en oeuvre un programme d'information; et de diriger un programme de rationalisation des collections des bibliothèques du Ministère. Enfin, Mlle. Segall jouera le rôle d'agent de liaison au sein de réseau des services de bibliothèque du Ministère et le milieu bibliothécaire à l'échelle nationale et internationale.

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Sam King began as Health Sciences Librarian at the Victoria General Hospital in Halifax on November 1, 1984. Sam received his M.L.S. at Dalhousie University, at The Nova Scotia Human Rights Commission and at the Nova Scotia Agricultural College, Truro, before joining the Victoria General Hospital staff.

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Lorraine Smith has recently become Reference Librarian at the University of Saskatchewan Health Sciences Library. Prior to receiving her degree from the School of Library and Information Science at the University of Western Ontario, Lorraine (BSc. in Food Science), worked as a chemist for ten years, taught school for two years and worked for two years as a library assistant in a hospital library.

RECENT MEETINGS

Nova Scotia Health Libraries Association

A meeting of the Nova Scotia Health Libraries Association was held in Halifax on October 5, 1984. Plans were made for a number of projects and workshops during the 1984-85 year, the first being an information session on interlibrary loans and reference resources for hospital/health library staff in the Halifax/Dartmouth area at the Nova Scotia Hospital on November 30, 1984; the coordinator for that workshop was **Verona Hall**, Camp Hill Hospital Library.

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Toronto Health Libraries Association (THLA)

Princess Margaret Hospital, Toronto, hosted the first meeting of THLA's 1984-85 year. **Kim Ball** of the Women's Financial Planning Centre gave an excellent seminar on personal financial management.

Members of THLA and guests met on November 12 at the Canadian Memorial Chiropractic College for a showing of the National Film Board's Not a Love Story. After the film a discussion of pornography was facilitated by **Patricia Myers** of the Ontario Institute for Studies in Education.

Representatives from most of THLA's hospital libraries had a meeting on November 13 at the University of Toronto's Science and Medicine Library. The subject was quality control. **Elizabeth Reid**, Toronto Western Hospital and **Tsai-O Wong**, Mississauga General Hospital organized the meeting at which the terms of reference and goals and objectives for this working group were established.

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Annual Conference of the North Atlantic Health Sciences Libraries (NAHSL)

Susan Libby (Librarian at Moncton Hospital), **Elizabeth Foy** and **Bill Owen** (Kellogg Library, Dalhousie University) attended the 1984 NAHSL Conference which was held on October 21-24 in Portland, Maine. The theme of the conference was "Role Call: Defining the Role of the Health Sciences Librarian in these Changing Times". NAHSL is a regional group of the Medical Library Association.

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Wellington County Health Library Network (WCHLN)

On November 15 at Guelph General Hospital **Jan Greenwood** addressed WCHLN on the subject of quality assurance in small hospital libraries. The members of WCHLN represent thirteen health institutions in Wellington County; the Coordinator is **Joy Weiss** of Conestoga College, Health Sciences Division. WCHLN is interested in forming a chapter of CHLA and has been forwarded the relevant information.

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Central Ontario Health Sciences Library Network (COHSLN)

The first meeting of COHSLN was held at the Orillia Soldier's Memorial Hospital on October 3, 1984. **Christy MacMillan**, who hosted the meeting, and **Lana Kamennof-Sine** from Owen Sound General and Marine Hospital were the organizers. **Jan Greenwood**, O.M.A. was invited to make up the panel. The first project of the Network is to develop a union list of serials.

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UPCOMING MEETINGS

CHLA/ABSC 9th Annual Meeting

To keep you up to date on the plans for the Calgary meeting, **June 9-12, 1985 . .**

- The conference hotel will be the downtown Sandman Inn which has excellent facilities and is in close proximity to restaurants, shops and galleries.

- An extensive continuing education programme, including courses on Basic medical reference, Medical library management, Advanced medical literature searching on DIALOG, will complement an exciting conference programme.

1985 is the centennial year for Parks Canada and should certainly provide an exciting dimension to those pre- and post-conference visits to Banff and Lake Louise.

Watch the next issue of BMC for a full conference outline.

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Winter Institute on Management
Bellaire, Clearwater, Florida
January 16-19, 1985

A 3-day intensive programme, this institute will provide registrants with a choice of one day seminars, each complemented by case studies, exercises and readings. The focus of the institute will be upon managing change in libraries during the eighties and an impressive roster of speakers will be on hand.

Tuition fees, set at $450 for MLA members and $550 for non-members, cover three seminars, course materials, evening plenary sessions, breakfast, lunch, coffee breaks and a banquet. The Belleview Biltmore where the institute will be held is an historic site.

For more information contact: MLA Education Department, 919 North Michigan Avenue, Suite 3208, Chicago, Illinois 60611, telephone (312) 266-2456.

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NEW PUBLICATIONS

Canadian Nurses Association/Association des infirmieres et infirmiers du Canada

Index of Canadian Nursing Research, 1984. Supplement $1.00

Nursing Programs and Entrance Requirements at Canadian Universities, 1984/85 $3.00

Entrance Requirements for Diploma Schools of Nursing and Schools of Practical Nursing, 1984/85 $1.00

Continuing Education for Nurses: Short-term Nursing Courses in Canada, Fall 1984. $4.00

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Index de recherche infirmiere au Canada, Annexe 1984 $1.00

Programmes des sciences infirmieres et conditions d'admission aux universites du Canada, 1984/85 $3.00

Conditions d'admission aux ecoles decernant le diplome d'infirmiere et d'infirmier et d'infirmiere et d'infirmier auxiliaire, 1984/85 $1.00

Formation continue des infirmieres et infirmiers: cours de duree limitee en sciences infirmieres au Canada, Automne 1984 $4.00

Health Sciences Information Network,
University of Wyoming Science and Technology Library
P.O. Box 3262, University Station, Laramie, Wy 82071

Boettcher, Ruth A. and Bothmer, A. James. HSIN Manual for Health Sciences Libraries: Suggested Policies and Procedures for the Small Health Sciences Library. Laramie, Wyoming: Health Sciences Information Network, 1984.

American Occupational Medical Association
2340 S. Arlington Heights Rd., Arlington Heights, IL 60005

A subcommittee of the American Occupational Medical Association's (AOMA) Council on Education has developed a **list of recommended books for occupational physicians.** This list will be updated regularly.

Included on the list are items in the following general fields that have been suggested by AOMA members: industrial hygiene, toxicology, occupational lung disease and occupational cancer, dermatology, hearing conservation and health education. General textbooks for medicine and surgery are excluded. The list provides full bibliographic information, prices and publishers' addresses; however, ISBN numbers do not appear.

A copy of the list is available from the Council on Education of the American Occupational Medicine Association or may be consulted as follows:

"Recommended Library for Occupational Physicians",
Journal of Occupational Medicine, 1984 June: 26(6); 461-464.

A subcommittee of the American Occupational Medical Association's (AOMA) Council on Education has developed a **list of recommended books for occupational physicians.** This list will be updated regularly.

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"Recommended Library for Occupational Physicians",
Journal of Occupational Medicine, 1984 June: 26(6); 461-464.

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Audiovisual Materials in Allied Health

The Toronto Institute of Medical Technology Library has a collection of approximately 700 audiovisual programs related to several teaching programs in allied health, such as: Medical Laboratory Technology, Nuclear Medicine, Respiratory Technology, Diagnostic Radiography, Cytotechnology, Perfusion Technology, Ultrasound, and Cytogenetics. Some of the programs in the collection are produced by TIMT, others are purchased from other sources. They are generally in slide/tape or 3/4" videocassette format with some 16 mm films, filmstrips, and radiographs. A 2nd edition of the Catalogue of Audiovisual Teaching Materials for loan, will be available in October 1984 for a small fee. Please address all enquiries to:

TORONTO INSTITUTE OF MEDICAL TECHNOLOGY
LIBRARY
222 ST. PATRICK STREET
TORONTO, ONTARIO
M5T 1V4

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CALL FOR PAPERS

Readers are reminded that the editors would like to devote Vol.6, No.4 of BMC to the subject of **quality assurance** (QA). Thus far only one article has been received. Quality assurance programmes, as we all know, will become mandatory in Canadian hospitals in 1986. Libraries in other health environments are also seeking new ways to evaluate and improve services. Undoubtedly the QA wheel is being re-invented in many libraries from coast to coast. Please share any experiences and ideas you might have on this timely topic by submitting them to the BMC by **January 11, 1985.**

Other theme topics intended for 1985 include writing skills (for publication and internal reports) and rehabilitation. Readers' papers, comments, criticisms and suggestions are all much appreciated by the editors.

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CANADIAN HEALTH LIBRARIES ASSOCIATION

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

BIBLIOTHECA MEDICA CANADIANA

FORM FOR SUBMISSION OF COPY

L. Name of Individual/Library Reporting (give mailing address):

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2. Personnel Appointments, Activities:

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3. Notable Library News, New Programs, Acquisitions, Grants, Buildings, Services:

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4. Workshops, Continuing Education Activities in your area:_____

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5. Brief Description of Article You are Writing for Future Submission (give estimated completion date):_____

_____

_____

Full length articles and news items contributed on this form should be submitted to:

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c/o Mrs. Bonita A. Stableford
Chief, Library Services
Health Protection Branch
Health and Welfare Canada
Sir Frederick G. Banting Research Centre
Tunney's Pasture
Ottawa, Ontario K1A 0L2

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BIBLIOTHECA MEDICA CANADIANA

VOLUME 6 NUMBER 4,1985 ISSN 0707 - 3674

BIBLIOTHECA MEDICA CANADIANA

VOL. 6, NO. 4 1985

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Bibliotheca Medica Canadiana est publié cinq fois par année par l'Association des Bibliothèques de la Santé du Canada. Les articles paraissant dans BMC expriment l'opinion de leurs auteurs ou de la rédaction et non pas celle de l'Association.

INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on sugère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE 1984/85 CALENDRIER DE PUBLICATION

The deadlines for submission of articles to V.6 are as follows:

6:5 March 29, 1985

Les dates limites pour des articles pour les envois a paraître:

6:5 29 mars 1985

INDEXED IN
INDEXÉ PAR : LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)

FROM THE EDITORS

With quality assurance (QA) programmes scheduled to become mandatory for Canadian hospitals in 1986, hospital librarians are faced with the apparently daunting task of establishing a library QA programme from scratch, or revising existing methods of library evaluation to mesh with the larger, institution-wide QA programme. To provide background information to hospital librarians and, hopefully to minimize the amount of "wheel inventing" which occurs, this issue of BMC is devoted to the theme of quality assurance.

While QA applies specifically to hospitals, the concepts of measuring and improving library services are familiar to all librarians, albeit known by different names. Perhaps the related terms "performance measurement", "operational audit" and "quality control" will be more familiar to the academic, corporate or government librarian. Whatever the name, there is something for all to learn from hospital QA activities. Clear, concise and well-documented reports to management outlining the library's performance and effectiveness may be its best defense, especially in times of shrinking staff and budget allocations.

Background articles in this issue include a brief history of the Canadian Council on Hospital Accreditation and its role in assuring quality health care services, and a review of QA terminology, supplemented by an extensive bibliography. Commentaries on the QA process, from the point of view of a senior executive officer in a hospital and a hospital librarian are also included. Because these only begin to scratch the surface of this major topic, BMC plans to continue the QA theme in its next issue. Since the editors can not be aware of or contact everyone who may be involved in QA programmes we rely on you the reader to send articles, news items, announcements of courses, etc. relevant to quality assurance. Your input is welcomed and should be forwarded to the editors by ***March 29, 1985.***

On another subject, the editors have received several comments on the late delivery of the last two issues of BMC. Regrettably, there were unforeseen problems with printing and distribution. As we go to press with this issue, we hope that changes recently made to this part of the publication cycle will solve the problem. We wish to thank those readers who missed BMC and took the time to inquire over its delay.

Jan Greenwood
Assistant Editor

Bonita Stablefford
Editor

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A WORD FROM THE PRESIDENT

DAVID S. CRAWFORD

Yes, it is that time of year again! You will recently have received a "call for Nominations" for the elections to be held later this year and I hope that many members will have responded to the call and that again this year we will have a list of excellent candidates and that the Board next year will be as well balanced regionally and by type of library as it has been this year. It is important for the future of OUR Association that the board represents both our regions and the diversity of our membership so when you receive your ballots in March please look over the names of the candidates carefully and VOTE.

In my President's message in 6:2 I asked Members having a interest in serving on Committees to get in touch with me. The response so far has been less than overwhelming but it is not too late. Committee assignments for 1985/86 will be made at the Board meeting in Calgary in June. If you would like to help the Association, meet new colleagues and have some fun, a good way to do so would be to serve on a Committee. If you are interested, please do write to me.

While on the subject of service to the Association, it was pleasing to be able to list in the Membership Directory the names of over 40 members who are presently serving on Committees and this figure does not include those volunteers who, among other things, maintain the mailing list, stuff envelopes and empty our post office box in Ottawa. A big thank you to you all.

By the time you read this the Board will have had its mid-winter meeting in Winnipeg. On the assumption we don't seize-up with the cold we will have discussed the Calgary conference planning report, approved the site for the 1986 meeting (Montreal is proposed) and given final approval to the revised report on the role of the Health Sciences Resource Centre which is being written jointly by Barbara Greeniaus of CHLA and Audrey Kerr of the ACMC Special Resource Committee on Medical School Libraries. A full report will follow in my next, and last, "Word".

P.S. The Association's policy on human rights which was supposed to be on page 118 of the last issue is on page 151 of this issue. Printer's Devils, you know!

Assistant Editor's note: I am in humility!

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UN MOT DU PRESIDENT

DAVID S. CRAWFORD

Oui, c'est encore le moment! Vous aurez reçu dernièrement un "appel de mises en candidature" en vue de l'élection qui aura lieu plus tard cette année. J'espère bien que plusieurs membres répondront à l'appel et que nous aurons encore une fois une liste d'excellents candidats et que le nouveau Bureau sera tout aussi équilibré, par région et par type de bibliothèque, que celui de cette année. Il est important pour l'avenir de NOTRE association que le Bureau représente tant nos régions que la diversité de nos membres. Lorsque vous recevrez vos bulletins de vote en mars, lisez-les soigneusement et VOTEZ.

À l'occasion de mon message de président dans 6:2, je demandais aux membres qui songeraient à être membres d'un comité de communiquer avec moi. La réaction a été moins que fulgurante jusqu'à présent, mais il est encore temps. Le choix des comités de 1985-1986 sera fixé à la réunion du Bureau à Calgary en juin. Si vous aimeriez aider l'Association, rencontrer de nouveaux collègues et passer de bons moments, pourquoi ne pas devenir membre d'un comité? Si cela peut vous intéresser, n'hésitez pas à m'écrire.

Puisque nous parlons de service envers l'Association, il a été encourageant de pouvoir énumérer dans le Répertoire plus d'une quarantaine de membres qui font actuellement partie d'un comité et ce chiffre ne tient pas compte des bénévoles qui, entre autres choses, préparent la liste d'envoi, acheminent le courrier et s'occupent de notre boîte postale à Ottawa. Un gros merci à vous tous.

Lorsque vous lirez ces lignes, le Bureau aura tenu sa réunion du milieu de l'hiver à Winnipeg. Pourvu que nous ne soyons pas complètement gelés, nous aurons examiné le rapport de planification de la conférence de Calgary, choisi l'endroit de la rencontre de 1986 (Montréal a été proposé), puis adopté le rapport révisé sur le rôle du Centre bibliographique des sciences de la santé, préparé conjointement par Barbara Greeniaus de l'ABSC et Audrey Kerr du comité spécial des bibliothèques d'écoles de médecine de l'AFMC. Un rapport complet accompagnera mon dernier 'mot'.

P.S. La politique de l'Association en matière de droits de la personne, qui devait se trouver à la page 118 du dernier numéro, est à la page 151 du présent numéro. Nos excuses!

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THE CANADIAN COUNCIL ON HOSPITAL ACCREDITATION : A BRIEF HISTORY

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In 1918, a physician could perform surgery on a patient, in Canada or in the United States, without having made a pre-operative diagnosis. Under these circumstances, surgeons could operate in haste and justify at leisure. Since clinical records were not required either, a patient could be operated on more than once for the same afflication. Although many surgeons operated cautiously, and conscientiously recorded their findings, others did not, and the American College of Surgeons was becoming alarmed by this situation. In the interests of patients and improved medical services, the College launched a movement, in 1919, to set standards by which a hospital's efficiency could be measured.

The first requirements for standards included only five items, but the implementation of this program was to have an enormous impact on the high quality of health services now provided in North American hospitals. In order to be approved by the Hospital Standardization Program of the American College of Surgeons, a hospital had to meet, or exceed, the minimum standard which was defined as follows:

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite staff or group.

2. That membership upon the staff be restricted to physicians and surgeons who are:

   a) full graduates of medicine of an acceptable medical school with the degree of Doctor of Medicine, in good standing and legally licensed to practice in their respective state or province;
   b) competent in their respective field; and
   c) worthy in character and in matters of professional ethics.

3. That the staff initiate, and with the approval of the governing board of the hospital, adopt rules, regulations and policies governing the professional work of the hospital; that these rules, regulations and policies specifically provide:

   a) that staff meetings be held at least once a month;

   b) that the staff review and analyse at regular intervals their clinical experience in the various areas of the hospital, such as medicine, surgery, obstetrics and the other specialties; the clinical records of patients, free and paid, be the basis of such review and analysis.

4. That accurate and complete records be written for all patients and filed in an accessible manner in the hospital - a complete case record being one which includes identification data; complaint; personal and family history; history of present illness; physical examination; special examinations, such as consultations, clinical laboratory, X-ray and other examinations; provisional or working diagnosis; medical or surgical treatment; gross and micro-scopial pathological findings; progress notes; final diagnosis; condition on discharge; follow-up and, in case of death, autopsy findings.

5. That diagnostic and therapeutic facilities under competent supervision be available for the study, diagnosis and treatment of patients, these to include at least

   a) a clinical laboratory providing chemical, bacteriological, serological, and pathological services;

   b) an X-ray Department providing radiographic and fluroscopic services.

(Agnew 1974, p.252-3)

Imposing these new standards on resistant hospital staffs was a feat requiring diplomacy, persistence, commitment and boundless energy. The American College of Surgeons found the man for the job at the Vancouver General Hospital, where in 1918, he was the Superintendent. Dr. Malcolm T. MacEachern had been born in Ontario and had taken his medical training at McGill University.

When he joined the ACS standardization committee, Dr. MacEachern moved to Chicago, but his heart remained in Canada. Provincial conventions and Canadian problems had high priority on his busy schedule. With Matthew Foley, Dr. MacEachern created the American College of Hospital Administrators, an organization which has lived up to the enthusiastic vision of its founders. It was his inspiration that created the college's code of ethics and he was instrumental in persuading the American Hospital Association to adopt the same code.

(Agnew 1974, p. 33)

Dr. MacEachern took his show on the road and spent most of the early twenties organizing public meetings, visiting hospitals, preaching standardization and persuading North American physicians of the importance of the program. The Catholic Hospital Association had simultaneously mounted a campaign for the adoption of standards which was spearheaded by the Reverend Father Moulinier. In many small Canadian cities and towns, there were only two hospitals; one operated by the municipality or a board of trustees, and the other a Catholic hospital operated by Sisters. The Sisters' hospitals were often the first to be standardized, bringing public pressure to bear on the other local hospitals. Because the medical staff was usually shared by the two hospitals, their resistance to the concept of standardization was eroded by the Sisters' enthusiastic acceptance.

By 1921, though there continued to be dissension in the ranks, the Canadian Medical Association had publicly and unequivocally endorsed the standardization program.

For the next thirty years, the American College of Surgeons carried on the accreditation program in the United States and Canada. Following the Second World War, the College began to question their commitment to bear the huge cost, in manpower and in dollars, without any assistance. When Dr. MacEachern retired, it became clear that no individual could assume his workload and the responsibilities of accreditation would have to be shared by several hospital and medical associations.

In 1951, the Joint Commission on the Accreditation of Hospitals was established. Its membership was drawn from the American College of Surgeons, the American Hospital Association, the American Medical Association, the American College of Physicians and, in 1953, a representative from the Canadian Medical Association was added.

When the American College of Surgeons willingly relinquished their exclusive operation of the accreditation program, a groundswell of support rose up for an all-Canadian survey program.

The Canadian Medical Association was the first group to take action, and Dr. Kirk Lyon, from Leamington, Ontario, was named Chairman of the C.M.A. committee to investigate an all-Canadian accreditation (or standardization) program. Late in 1952, representatives of the C.M.A. met with representatives of the Canadian Hospital Association, the Royal College of Physicians and Surgeons of Canada, and L'Association des Médecins de Langue Français. These organizations established the C.C.H.A., called initially the Canadian Commission on Hospital Accreditation.

(Wightman 1982, p.24)

From 1955 until 1958, the Canadian accreditation was carried out by the Joint Commission but largely employed Canadian surveyors. Although one of the arguments for Canadian standards had arisen from the belief that the American model was too ambitious for Canadian hospitals, when all-Canadian standards were adopted they were as exacting, and in some cases, more exacting that the American requirements.

On January 1, 1959, having received its charter from the Secretary of State, the Canadian Council on Hospital Accreditation assumed responsibility for the accreditation of Canadian health care institutions. The CCHA was incorporated under the Companies Act as a non-profit association with the mandate to:

> ... promote and encourage by voluntary means an optimal quality of health care in all its aspects by the achievement of accreditation standards in all hospitals and related health care organizations and agencies in the health field in Canada.

(Swanson 1980, p.15)

In the beginning, hospital surveys were carried out with no direct fee to the institution seeking accreditation. Now, each hospital is charged approximately $1,000 per surveyor, per day. Additional funding comes from the annual fee of $7,500 which the member organization must pay for each seat they hold on the Board of Directors. (Wightman 1982, p.24)

Originally, the Board was composed of representatives from the four institutions which had met in 1952. In 1973, the Canadian Nurses' Association was admitted; in 1981, L'Association des Médecins de Langue Français ceased to be members and a representative of the Canadian Long Term Care Association was elected to the Board. Of the 14 members now sitting on the Board, two are nominated by the Canadian Nurses' Association, four by the Canadian Medical Association, five by the Canadian Hospital Association, two by the Royal College of Physicians and Surgeons of Canada and one by the Canadian Long Term Care Association.

The actual evaluations of health care institutions are done by surveyors who work for the Council on a part-time basis. Of the 100 surveyors who work several weeks each year for the Council, about 40 are nurses, and the others are hospital administrators and physicians. The surveyors are unsalaried and receive only expenses and an honorarium for their work. (Wilson 1983, p.49)

In 1934, there were 226 accredited hospitals in Canada. By 1959, the number had increased to 333, and at the end of 1981, 930 hospitals had been awarded accredited status. (Wightman 1982, p.24)

Over the past fifty years, the benefits of voluntary hospital accreditation have become so widely acknowledged that the CCHA annually receives more survey requests than it can handle. The advantages of accreditation now include much more than the assurance that a surgeon will not operate without a sound, documented reason.

The most obvious benefit of the survey process is the impartial evaluation of quality of health care. Another advantage is the potential created, through preparation for the survey, for continuing education and self-development. Accreditation offers an assurance to patients, the public and the staff, that the hospital is meeting nationally accepted standards. Financial support is more likely to be forthcoming when an institution has submitted itself to an objective, external review. Accreditation is often required in order to qualify for government approval of medical and allied health educational programs.

When a hospital is awarded unprovisional accreditation the pride of each staff member cannot be measured or priced, but it is undoubtedly one of the most valued consequences of the process.

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CALL FOR PAPERS

Due to the continuing interest in quality assurance, the editors would like to devote a future issue to this topic. Please share any experiences and ideas you might have on this timely topic by submitting them to the BMC by March 29, 1985

QUALITY ASSURANCE : INTRODUCTION TO TERMINOLOGY AND LITERATURE*

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Quality assurance has been an unwritten component of health care delivery in Canada for most of the twentieth century, although the degree to which patient care was being monitored by hospitals has varied.

Since the mid-1970's, the U.S. Department of Health has attempted to formalize quality assurance (QA) procedures to standardize delivery of health care, mainly through the Joint Commission on Accreditation of Hospitals (JCAH) and Professional Standards Review Organizations (PSRO's). A large body of literature was created in the process, discussing the pros and cons of QA, creating controversy in specialized areas, and generally confusing QA with unrelated activities. As Canadian hospitals are beginning to look towards creating formalized hospital-wide QA programs, there is a need to clarify the varied terminology in use.

This is not an attempt at creating an exhaustive bibliography; such exists already.[16,24,36,56,60,74] Rather, my aim is to bring together a shorter list of articles that covers most aspects of the history, synonyms and varied approaches to QA in an economical way which may serve as an introduction to the topic for medical, nursing and other hospital staff now being confronted with QA activities.

This section defines terms frequently used in QA literature. Each definition refers back to useful, relevant articles on the subject.

Appropriateness review. This assesses how existing institutional health services compare with certain pre-established criteria and standards. It is a planning function only. (Compare with **certificate-of-need**).[68] It judges the appropriateness of need, accessibility, availability, financial viability, cost effectiveness and quality of health care services for a given area and is therefore not directly related to QA.

Audit. In the health care setting, this is a type of patient medical care evaluation study in which the indicators of performance (criteria) are compared with performance and outcome documented in patient medical records. Records that vary from the prospective criteria are reviewed by a committee of peers, and if deficiencies are noted, corrective action is instituted to address them.[5] The audit should produce results that reflect the quality of care provided to a significant proportion of the hospital patients with a specific admission or discharge diagnosis. To avoid confusion, one should reserve the term "audit" to mean a specific study method for reviewing patient records against clinical criteria.[70]

Audit: concurrent audit. This method refers to the evaluation of patient care according to established standards while the patient is still being cared for within the health care facility. It usually involves review of the patient's records as well as of the patient and his environment.[24]

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* Reprinted from Hospital Trustee, 7(6), Nov.-Dec, 1983; 18-21, with the permission of the Canadian Hospital Association and the author.

Audit: medical audit. This is an audit of physician performance to assure that the benefits of modern medical knowledge are being successfully applied to patients.[60] Assessment of physician performance usually relies upon peer review of records or on criteria-based record auditing. The two basic features of medical auditing are the selection of an important element of performance and a comparison of the observed level of performance with predetermined criteria or standards. If **valid treatment criteria** have been met, then the complication of progression of disease to a greater degree of severity is considered nonpreventable, or at least not attributable to deficiencies in medical management.[60] The medical audit is a significant component of a QA program.

Audit: outcome criteria audit. This evaluation method focuses on the end result of the patient care received and is measured in terms of changes seen in the patient. Outcome audits can be **retrospective or concurrent.**[24] Criteria here are, therefore, predictions or expectations about a patient's status at the end of an episode of illness or eventual outcomes that reflect the patient's status after care was provided.[5] The latter reference also lists the advantages of outcome criteria. Outcome criteria audits are an integral part of the QA process.

Audit: patient care audit. This is a quality assurance activity and is now considered a synonym of QA, as is **nursing audit.** Excellent books exist to review this topic. I list here only those of Carter,[9] Mayers,[42] Nicholls,[50] Phaneuf[53] and especially Karch.[24]

Audit: process audit. The standards of this auditing method are based on the evaluation of patient care activities. Process audit focuses on all aspects of patient care needs — physical, environmental, psychosocial, spiritual, emotional — and the evaluation process can focus on which needs are being met and which areas need improvement. Process audit can be done retrospectively or concurrently.[24] Process criteria are usually included in an **outcome** oriented audit to validate the study topic and assess appropriateness of the clinical intervention or other aspects of patient care.[5] The latter reference discusses and lists the advantages of process criteria. Integrated **outcome** and **process** audits usually result in a good QA audit.

Audit: retrospective audit. This method refers to the evaluation of patient records according to established standards, after the patient has been discharged from the health care facility.[24]

Audit: systems audit. This is a review of the physical structure of a facility, the equipment available, the administrative structure, staffing patterns and their qualifications. This can be done retrospectively or concurrently.[24]

Audit: value for money auditing. This is the independent and systematic examination of an organization for the purpose of indicating where improvements can be made in the economy, effectiveness, and control of its operation and resources.[7] A good comparison of this type of audit with the traditional financial audit can be found in Gunn.[22] Value for money auditing can use information gathered in the QA process, but it is not a part of the process.

Audit study objectives. Study objectives state precisely what the audit committee wishes to learn by conducting the study. These objectives should be measurable; for a good discussion see *Am. Coll. Obstet. & Gynecol.*[5] See also **criteria.**

Certificate-of-need review. The certificate-of-need process is an assessment of the need for new health services, major medical equipment, or new construction, and is, therefore, a regulatory tool to control health service expansion. (Compare with **appropriateness review**).[68] Certificate-of-need review is not related to QA activities.

Criteria. A criterion is a specific statement of a characteristic that any endeavor must exhibit in order to successfully meet a need. In order to help determine the extent to which criteria are being met in a QA program, each criterion should be restated in the form of a question that needs to be answered.[57] See also **audit.**

Critical management criteria. These are valid treatment criteria in clinical medicine.[60] See discussion under **medical audit.**

Discharge planning. See **utilization review.**

Hospital-wide. This term is used in the literature of QA programs where an effort is made to include every segment of the institution in the organizational structure of the QA program. [13,29,56]

Incident report. A standardized report form completed by those involved or present at the time of an in-hospital accident or procedure which may result in an insurance claim. Incidence reports are part of **risk management** activities.[59] Middleton[46] describes a special nursing audit of critical incidents.

Liability reduction. See **risk managment.**

Medical care evaluation studies. These are in-depth assessments of specific aspects of patient care that are generally based in a retrospective review of the care of a specified group of patients, i.e. those with a particular diagnosis or those receiving a particular treatment or service. The review is generally done by assessing patient care as documented in a sample of patient records from the specified group using pre-established criteria.[76] In the U.S., these studies are usually conducted area-wide providing information on practice within an individual facility as well as in facilities throughout the area. It is not part of the in-hospital QA program.

Patient care review. Usually a review method combining internal (hospital) reviews and external monitoring. "The review model combines a hospital-based program of imaginative study, correct interpretation of findings, and effective uses of findings with regional monitoring and consultation."[69] In the U.S. context, it involves PSRO's; in the Canadian context it may be considered synonymous to QA.

Peer review. This is a process by which a committee of professionals reviews and evaluates the performance of a member or group of members of their particular profession, e.g. medicine or nursing. Peer review is usually an integral part of a nursing or medical **audit.**

Physician performance. See **medical audit.**

Professional standards review organizations (PSRO's). These are regionally organized non-profit physician corporations which were set up in the United States by legislation passed in 1972. PSRO's are responsible for ensuring that health care provided to patients under the federal health care programs is medically necessary, appropriate, and meets accepted professional standards for care. These tasks are commonly known as utilization review and quality assurance.[76] The history of the development of PSRO's is well documented by Fifer.[20]

Program evaluation. This is a QA activity which includes **utilization reviews.** In the Canadian context, it is synonymous with QA.

Quality appraisal/action plans. This is an earlier synonym for QA.

Quality assurance profiles. This is a term used in the U.S. for profiles designed to identify patterns of practice in the care of groups of patients within an individual facility and other facilities in the area by producing periodic facility and area-wide reports of conformance of patient care with the standards developed by the various standards committees, e.g. standards for long-term care.[76]

Risk management. Risk management concerns itself with the reduction or elimination of the uncertainty of financial loss resulting from risks of a fortuitous nature, or simply the creation of procedure that would prevent the hospital in question from being sued. It is increasingly being looked at, not as a separate program of liability control, but as part of an effort to achieve QA.[19,41,47,52] A good bibliography up to 1980 can be found in Lanham[28] and the Canadian situation is discussed in an excellent article by Martin.[41] The latter also reviews the origins and development of risk management in the U.S. and hospital liability in Ontario. Orlikoff[52] tabulized the functions of risk management as compared to those of QA in a clear and useful way. Related terms are **liability reduction** and **liability control.**

Screening criteria. This spells out what to look for in an audit and should be objective, specific, precise and valid. Screening criteria are statements about an aspect of patient care found in a medical record indicating whether the care provided was appropriate.[5]

Utilization review. This is an activity intended to ensure the appropriate allocation of the hospital's resources in order to provide high-quality patient care in the most cost-effective manner. It considers the under-utilization and inefficient scheduling of resources as well as the more commonly cited over-utilization of resources.[2] One of the included activities is **discharge planning** which is generally viewed as a synonym of the less frequently used **concurrent utilization review**, i.e. an integration of admission review and continued-stay review. There is a debate over whether utilization review is a **quality assurance** or a **cost/containment** activity, while in fact, a focused approach to utilization review can result in integrating both efforts.[2,25,35]

What is hospital-wide quality assurance? Quality of medical care connotes "correct evaluation and efficacious treatment of each patient's medical condition with minimum possible risk, combined with educational and caring functions that together enable the patient to attain the optimum achievable clinical, functional and psychosocial results."[60]

Quality assurance is defined by the College of Nurses of Ontario as "a process in which standards describing the level of quality desired and feasible are set, the level of achievement of those standards is measured and action is taken to correct identified differences."[26]

These two definitions best describe what is meant when we speak about QA in hospitals and point to the importance of a well-defined, organized program designed to enhance patient care.

From the above list of definitions, what is QA and what is not? All types of audits (except the value for money audit), critical management criteria, peer review and physician performance are included in QA, while patient care reviews, quality appraisal/action plans, nursing standards committees, patient care committees and quality assessment/control committees are synonyms.

Related activities and those that could supply relevant QA information are discharge planning, incident reports, risk management/liability reduction, quality assurance profiles and utilization reviews. Appropriateness reviews, certificate of need reviews, and medical care evaluation studies are not part of hospital QA programs.

The best (and probably most cost-effective) QA programs are hospital-wide, i.e. where an effort is made to include every segment of the institution in the organizational structure of the program, and where risk management and QA programs are integrated. For good overviews of such programs see Rodger,[56] Sherber,[62] and Morris.[49] For the committees involved and their activities see Crawford.[13]

Thompson[70] gave a short but excellent review of the historical development of QA programs in the U.S., while the controversies existing around the philosophy of QA and the politics of its implementation are discussed by Fifer.[20] Similarly, Sanazaro[60] reviews in more detail the social, professional, and political circumstances that brought about widespread implementation of untested forms of medical auditing in the U.S. for purposes of quality assurance, and points out that basic concepts of QA are not always adequately embodied in the techniques that were adopted. He also questions the effectiveness of current QA mechanisms, specifically hospital-based medical auditing linked to continuing education. A comparison of QA models can be found in Marshik-Gustafson.[40]

A bibliography of QA activities in specific hospital departments up to 1980 can be found in Rodger.[56] More recent articles and those of particular Canadian interest in: biomedical engineering,[14] continuing education and QA,[11] food services,[10,34,51,75] hospital management,[1] hospital-wide QA in Canada,[29,61,73] infection control,[6] intravenous therapy,[18] laboratories,[23,37,58,64] long-term care nursing,[65] medical records,[61] nursing, [3,4,26,27,29,46,54,63,73] occupational therapy,[44] operating room, [21,33,55] pharmacy,[67] psychiatry,[43] radiology,[8,30,31,32] rehab/physiotherapy,[48,66] respiratory care,[71] social work,[12] and surgery[38] can be added to this bibliography.

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AN ADMINISTRATIVE OVERVIEW OF QUALITY ASSURANCE

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INTRODUCTION

When the Canadian Council on Hospital Accreditation (C.C.H.A.) released its revised Standards for Accreditation of Canadian Health Care Facilities in 1983, the term quality assurance suddenly became the "buzz word" of the year in the health care field. Hospital-wide quality assurance programs became prerequisites for accredited institutions, and individual hospital departments, both ancillary and direct patient care, were expected to formulate quality assurance plans. As hospitals attempted to meet these new standards a ripple effect was created throughout the health care industry. Institutions began hiring Quality Assurance Coordinators, all health related conferences began to have quality assurance as a major agenda item, quality assurance was added to the teaching curriculum of most health disciplines, computer companies developed quality assurance software and management consultants offered quality assurance programming expertise.

Although the revised C.C.H.A. standards initially caused some concern, in particular for the administrators of Canada's health care facilities, quality assurance is really not new for the hospital field. It has become clear that hospital-wide quality assurance programs, for the most part, require only the improved coordination of activities that have always been in place in health care facilities. The documentation of goals and objectives, and the performance of audits, patient care appraisals, program evaluations, preventive maintenance programs and statistical monitoring, for example, have always taken place in hospitals and hospital departments. These activities have not necessarily been referred to as 'elements of a quality assurance program', and have not always been coordinated on an institution-wide basis, but they certainly are not new in themselves. As a result, the development of a quality assurance program to meet the C.C.H.A. standards, becomes a task of re-organization and use of new terminology, rather than the introduction of a new set of activities. For individual departments, viewing quality assurance in this way can greatly reduce the anxiety, such as the perception of an increased workload, associated with the development of a departmental quality assurance plan.

WHAT IS QUALITY ASSURANCE AND WHAT IS A QUALITY ASSURANCE PROGRAM?

Many formal definitions of quality assurance are now in use, and perhaps one of the simplest is one designed for industrial settings. "Quality Assurance is the activity of providing, to all concerned, the evidence needed to establish confidence that the quality function is being performed adequately".[1]

In order to fulfill this function of assuring quality several steps must be undertaken, and these are more clearly outlined in the operational definition of quality assurance adopted by the Canadian Council on Hospital Accreditation. Their definition is as follows: "Quality Assurance is the establishment of hospital-wide goals, the assessment of the procedures in place to see if they achieve these goals, and, if not, the proposal of solutions in order to attain these goals". In addition, the C.C.H.A. suggests that any hospital's quality assurance program ".. should be internal, internally-administered, ongoing, specific to the institution, structured and coordinated throughout the facility".[2]

If it is assumed that a hospital's primary goal is the provision of the best possible care for its patients, then quality assurance is a system for monitoring whether the best possible patient care is being delivered. This interpretation would appear to ignore all those departments and services that are not directly involved in the provision of patient care, and in fact in the past patient care appraisal did focus almost exclusively on the direct provider groups. However, since a hospital is made up of many interrelated parts it becomes apparent that a medical or nursing audit program, for example, is not enough to ensure that patient care is optimal. The support service departments also play an integral role in quality assurance, and even those who never see or deal with patients directly can affect the quality of care delivered. If the hospital library is used as an example of this latter group, it can be seen that the librarian, who never sees a patient, but neglects to complete the inter-library loan on time, can truly affect patient care. For if the requested material does not reach the physician in time for discussion at clinical rounds, for example, the patient's subsequent treatment could potentially be different from what it might have been with the requested information available. Although this may seem a very hypothetical example, good health care requires an effective multidisciplinary team approach, and every department is an important part of this team. If this were not the case certain "unnecessary" departments would never have been established in hospitals, or if established would not have survived. Problems or deficiencies in any area or service can either directly or indirectly prevent a hospital or organization from achieving its goal.

Problem identification is the initial outcome of a quality assurance program. The various elements of a quality assurance program are intended to ensure comprehensiveness in the identification of all possible problems. Other portions of a complete quality assurance program are the development and implementation of solutions to identified problems, and, the subsequent evaluation of whether the corrective action taken was effective. The specific manner in which institutions choose to identify, solve and monitor problems varies significantly between facilities, a fact which is encouraged by the Canadian Accreditation Council. For example, committees or individuals may be responsible for monitoring certain activities, quality assurance programs may be centralized or decentralized, and implementation of a hospital-wide program may be sudden or gradual. These types of decisions are based on the organization's environment, history, politics, and resources. Such factors are critical issues if a quality assurance program is to be accepted by those who must participate, and ultimately guarantee the program's effectiveness. Although planning and development of a hospital-wide quality assurance program, department by department, is mu more time-consuming than the purchase and implementation of a prepackaged program, the former approach is likely to meet with less resistance and ensure better staff commitment.

As previously mentioned the structure and process of quality assurance programs vary, but the tools used to identify problems are more consistent. In order to ensure that a hospital quality assurance program is comprehensive the following list of items at least should be incorporated, in some manner, into the program. Obviously each of these items is not an appropriate tool for every department, but many or most can be modified for any department, and all should appear in the hospital's total quality assurance program.

- mission statement/statement of purpose
- goals and objectives
- policy and procedure manuals
- relevant federal, provincial and municipal legislation
- job descriptions

- staff qualification requirements
- performance evaluations
- risk management activities
- statistical monitoring
- audits
- clinical case reviews
- infection control checks
- preventive maintenance programs
- incident reports
- patient surveys
- complaint reviews
- in-service education and training
- drug utilization
- committee minutes

Using this list of possible tools and a few general questions a departmental quality assurance program can be quite easily developed. A department's plan may change over time, and should be reviewed and revised annually, since quality assurance is not a static process and is never complete. By documenting the answers to the following questions a brief and representative quality assurance plan can probably be written for any hospital department:

- What does the department do?
- How does it measure whether it is achieving what it intends to do?
- Who completes the evaluation process?
- What specific elements are evaluated?
- When and how are the results of any evaluation reported, and to whom?
- What is the follow-up mechanism for any identified problems or deficiencies?
- Where are the results of evaluation and follow-up maintained and by whom?
- What happens to recommendations identified from the results of the evaluation process?
- Who monitors whether corrective action has taken place and when?

Encompassed in these questions is the reporting mechanism for quality assurance activities. Communication of identified problems is the link which completes the quality assurance cycle, and is the one that is perhaps most new to the health care industry. It is essential that the quality of service provided is known, not only by those who are delivering it, but also to those legally responsible for it.

Each element of the quality assurance cycle, from problem identification to feedback, is important and depends on every other element to make the total program effective. It is this cyclical approach to quality assurance that has made it appear as a new concept. By examining each aspect of a comprehensive quality assurance program it becomes easier to see that quality assurance is not nearly as intimidating as it initially appears.

WHY QUALITY ASSURANCE?

The simplest answer to this question is, as previously stated, to ensure that health care facilities are delivering optimal care to their patients. However, perhaps more accurately the question should read: why should quality assurance programs be comprehensive or hospital-wide or why the seemingly sudden emphasis on qualit assurance? In Canada the recent focus on quality assurance can superficially be explained as being a result of a similar movement in the United States a few years ago. The Joint Commission on Accreditation of Hospitals (J.C.A.H.), the American counterpart of the C.C.H.A., instituted quality assurance programs as prerequisites for full accreditation in January 1980. More to the point, however, is why the whole hospital industry has now adopted a more formal approach to monitoring service delivery when other industries have had these programs in place for many years.

The answer is really two-fold and related to both the sociological and economic trends of today. The first is the increasing awareness by the public of their rights as consumers, and the whole consumer advocacy movement. Health care has become less and less of a mystery as a result of the media and an increasingly educated and informed public. One of the direct results of this change, particularly in the United States, has been an increase in legal action. The 'malpractice insurance crisis' of the late 1970's forced hospitals and health care providers to take more control over the monitoring of their service delivery. Risk management and the formalization of institution-wide risk management programs were attempts by the hospital sector to ensure their economic survival by assuring high quality care provision. Quality assurance includes much more than risk management, but certainly the economics of reducing risk of loss was one of the strongest factors which drove the development of quality assurance programs.

The whole notion of public accountability has also had a great influence on the promotion of hospital quality assurance. Increasingly boards of trustees and hospital administrators are being charged with the legal and ethical responsibility of everything that happens in their institutions. Health care "consumers" do not have the same options as other consumers and cannot take their business elsewhere or choose not to purchase a specific service if they do not like the quality offered. During illness patients are at a distinct disadvantage, and very vulnerable, and they must be able to rely with confidence on the judgement and expertise of those providing care. The trustees of a hospital are the community's representatives and the patient's advocates, and they are the ones who therefore must take the objective responsibility for assuring quality of care.

Since hospital trustees are being more and more often found legally responsible for events taking place in their hospitals, they are increasingly requesting information from hospital staff to prove that the services being delivered are optimal. In order to do this administrators have had to implement more than formal quality assurance programs to provide the trustees with comprehensive information on the system of checks and balances in place. Althought the 1983 C.C.H.A. revised standards really made institution-wide quality assurance a requirement, as opposed to an option, most hospitals had been gradually increasing their quality assurance mechanisms for many years.

The final answer to "why quality assurance now?" is purely economic. As health care becomes more sophisticated, and costly, the dollars available to provide services remain limited, the issue of value for money is ever more important. Program evaluation and cost benefit analysis are not yet widely practiced in the Canadian health care system, but certainly have become very important in the United States.

The implementation of a good quality assurance program should include the evaluation of a service's effectiveness and efficiency. Maximum use of a hospital's resources is very important for assuring that the highest possible quality of care is delivered. Wasted dollars in one area of a hospital, man, perhaps, that necessary additional staff or a new piece of equipment cannot be purchased in another area.

The economics of quality assurance itself are important and it should be remembered that hospitals are expected to evaluate regularly the effectiveness of their quality assurance programs. Common complaints are that quality assurance programs cost money and require extra staff. However, since quality assurance is already happening in hospitals, and since improved coordination and organization are the first steps, increased costs need not occur. However, if additional expenditures are needed it should be remembered that these are easily offset by the reduced financial loss and improved use of resourses resulting from an effective quality assurance program.

SUMMARY

Quality assurance is a concept and a way of thinking that has recently received a great deal of attention in the Canadian health care field. This sudden increase in awareness is the result of the 1983 revision of the C.C.H.A. standards, although quality assurance activities in health care have gradually been increasing for a long time. The required formalization and coordination of hospital-wide quality assurance programs have been new for many institutions, but the elements of the programs themselves have in most cases been at least partially developed.

Quality assurance is a set of activities, which form a system to improve a hospital's operations, and ultimately the care given to its patients. It is not a new make-work project,but if it is understood as such it may well become a self-fulfilling prophecy. Quality assurance in either a department, or a hospital as a whole, if embarked on gradually, with the necessary explanation and teaching provided, can be an exciting and challenging experience. It promotes understanding for all staff of the integral role they play in delivering high quality patient care; it re-focuses attention on goal attainment and may, therefore, improve performances; and it improves inter-departmental and hospital-wide communication.

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QUALITY ASSURANCE IN THE HEALTH SCIENCES LIBRARY

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QA - quality assurance - is one of the latest acronyms to hit the Canadian health sciences environment. QA coordinators have recently been appointed in many institutions and QA committees can now be found in hospitals across the country. Although it has been suggested that these developments are a response to the 1983 edition of the CCHA standards,[1] it should be noted that quality has long been a characteristic of Canadian health care. The new CCHA quality assurance requirement stipulated only that this excellence be monitored and documented.

Formalized hospital quality assurance is an import from the United States where it was designed, not only to assure quality, but also to curtail escalating health care costs.[2] It is, therefore, both a means of quality assessment and an indirect mechanism for budgetary control; when QA coordinators talk about effectiveness and efficiency, this is what they mean.

The CCHA Standards for Library Services suggest that "there shall be procedures established to evaluate the quality of library services and performance of personnel"[3] and the interpretative paragraphs provide little more detail. This deliberate vagueness leaves hospital librarians room to develop their own QA programs, choose their own standards and meet their own criteria. Indeed, it appears that the CCHA is simply looking for a demonstration of QA activity,[4] some formal indication that libraries are monitoring their activities. It is the responsibility of the individual librarian to develop independently QA programs within the guidelines set by their institution.

Implementing departmental quality assurance is no easy task and the health sciences librarian will find little outside assistance. The literature is sparse and too often inapplicable. The guide recommended by the CCHA, for example, is an American library school textbook published in 1977.[5] Although it is certainly comprehensive and analytical, from the hospital librarian's point of view, it is impractical and unhelpful. Published library standards should be consulted, but they lack teeth and tend to be unrealistic outside the urban teaching hospital environment.[6] Similarly, core lists are helpful collection-building aids but questionable as QA criteria. Assuming that the library's collection is more than minimal, it is probable that if core lists were used as prescriptive standards, the collection's special strengths would be diluted as well as the librarians' book selection capabilities.

Librarian colleagues are also unlikely to provide much assistance. Most QA programs are still tentative and thus the opportunities for sharing experiences are few and far between. Until more libraries have proven QA mechanisms in place, most librarians will have to work alone to develop programs that are practical, and appropriate within their institution.

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Without relevant precedents and clear instructions, it is easy to become involved in QA activities that are neither appropriate nor meaningful for the library. There is little point, for example, in attempting a detailed user survey if the actual and potential clientele cannot first be established. It may also be redundant to isolate and monitor safety parameters if the hospital already has an Accident Prevention Committee.

There is also a danger of QA becoming a substitute for professional judgement. The speed at which books are catalogued or reference questions answered may appear to be QA issues, but knowing which books to catalogue quickly and which questions to answer first are professional skills. A requirement that all books be catalogued and shelved within forty-eight hours of receipt may seem like an appropriate QA criterion but may in fact be a professional abdication that has nothing to do with quality.

Keeping in mind the ultimate QA criterion, the librarian should concentrate on ensuring that the program measures whether the library's mission is indeed being fulfilled. The QA program must focus on outcome problems, process weaknesses and structural deficiencies by asking such questions as:

- why are so many items overdue, AWOL or otherwise unavailable to users?
- what can be done to improve the situation?
- how can improvements be monitored?
- how frequently are questions answered inadequately and does this problem relate to gaps in the collection?
- is there a solution to identified problems?

QA is a problem-solving activity that should generate information and results. Unless QA programs can be readily translated into tangible benefits for the library they will probably waste valuable managerial energy. Concentrate on QA measures that will support demands for the library and promote changes resulting in more efficient, accurate and cost-effective service. It is possible that inefficiencies and redundancies will be uncovered by this process but the librarian must resist the temptation to measure activities already judged to be satisfactory or those that cannot be changed. Unless QA activities are used to build and improve libraries, they may be used instead to resist growth, reinforce mediocrity and rationalize cutbacks. With careful planning, an assertive QA program may be used to justify the expansion of library resources and services, while providing a valuable tool for monitoring progress and curtailing slippage. A strong offense may be the best defense if QA is going to mean quality assurance in the health sciences library.

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LES PROJETS FUTURS DU GROUPE D'INTÉRÊT DES BIBLIOTHÈQUES DE LA SANTÉ DE L'ASTED

LOUISE DESCHAMPS, PRÈSIDENTE

Cette année le comité se compose des personnes suivantes:

Robert Aubin, hôpital Rivière-des-Prairies
Sylvie Bélanger, CSST
Louise Deschamps, hôpital Notre-Dame
Madeleine Dumais, hôpital Enfant-Jésus de Québec
Francine Garneau, centre hospitalier régional de Lanaudière
Johanne Hopper, université de Montréal
Gilberte Poirier, centre hospitalier St-Vincent-de-Paul de Sherbrooke.

Comme vous le constatez, trois régions du Québec sont représentées: Montréal, Québec et Sherbrooke. Nous pensons ainsi assurer un meilleur suivi de nos activités et parvenir à une plus grande efficacité dans nos communications.

Le vendredi 10 mai 1985 nous organiserons, à l'hôpital Notre-Dame, une journée d'étude sur l'INFORMATISATION DE LA BIBLIOTHEQUE MEDICALE. Dès que nous aurons de plus amples détails, nous vous les donnerons.

Faisant suite à un atelier organisé lors du congrès annuel de l'Asted, nous tenterons d'assurer un suivi sur l'EVALUATION DES SERVICES OFFERTS PAR LA BIBLIOTHEQUE MEDICALE.

Lors de l'assemblée générale annuelle de l'Asted, nous avons soumis à tous les membres présents au congrès, une résolution dans laquelle nous demandons au Bureau de l"Asted de communiquer avec l'ICIST et la Bibliothèque Nationale du Canada afin que ceux-ci modifient "le système actuel du catalogue collectif des périodiques pour le rendre capable de produire des listes de périodiques sur demande pour une région, pour une spécialité ou même pour une institution. Ces listes seraient présentées dans un ordre pratique, à un prix raisonnable et tenues à jour régulièrement".

Si vous avez des suggestions à nous faire ou des questions à nous poser, n'hésitez pas à nous contacter. Nous sommes à votre disposition et nous tenterons de vous aider le mieux possible.

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COMPTE RENDU DE L'ATELIER SUR LE QUESTIONNAIRE POUR L'AGREMENT DES HOPITAUX

MADELEINE DUMAIS ET LOUISE DESCHAMPS
TENU LORS DU CONGRÈS ANNUEL DE L'ASTED, Nov. 1984

PREMIÈRE PARTIE

Le docteur Osman Gialloreto, directeur adjoint pour l'éducation au Conseil canadien d'agrément des hôpitaux, nous a parlé du nouveau questionnaire d'agrément. Après avoir expliqué brièvement le fonctionnement du Conseil, il a commenté chacune des normes, la façon dont il fallait la comprendre et les implications qui en découlaient. Il nous a toutefois souligné que ce sont surtout les normes qui ont changé et non pas le questionnaire.

PRINCIPE DE BASE

Les normes ne sont que les étapes à suivre pour obtenir le résultat souhaité et seuls les résultats obtenus comptent.

Norme 1 : IL DOIT EXISTER DES BUTS ET DES OBJECTIFS CLAIREMENT ENONCES

La spécificité des buts et des objectifs est obligatoire pour évaluer le service. Les buts et les objectifs de la bibliothèque doivent refléter la situation et être conformes à ceux de l'institution; il est donc important de les connaître. Pour un hôpital d'enseignement, il faut nommer les disciplines majeures et dire à qui elles sont enseignées. L'élément quantitatif est obligatoire. N'hésitez pas à y ajouter vos statistiques annuelles.

Norme 2 : IL DOIT EXISTER UN PLAN ECRIT ET COURANT DECRIVANT L'ORGANISATION

C'est l'organigramme avec ses composantes hiérarchisées.

Norme 3 : LES SERVICES DE LA BIBLIOTHEQUE DOIVENT ETRE DIRIGES ET DOTES D'UN NOMBRE SUFFISANT DE PERSONNEL QUALIFIE

Examen de la compétence et de l'utilisation du personnel:
- Un personnel compétent a plus de chances d'atteindre les objectifs;
- La surcharge de travail entraîne des problèmes à plus ou moins long terme;
- Le sous-emploi implique une ré-évaluatin des besoins et des ressources.

Norme 4 : IL DOIT Y AVOIR SUFFISAMMENT D'ESPACE, D'INSTALLATIONS, D'EQUIPEMENT

Examen de la qualité physique de la bibliothèque:
- Espaces
- Installations
- Equipements
- Fournitures

Norme 5 : IL DOIT Y AVOIR DES POLITIQUES ET DES PROCEDURES COURANTES

C'est la plus importante des normes: vous livrez quoi? et comment? Il importe d'être spécifique dans l'énumération des critères propres à chaque fonction de même que dans la description des résultats escomptés. La mise-à-jour permet à l'évaluateur de voir si la bibliothèque évolue au même rythme que le centre hospitalier. Donc la bibliothèque médicale doit posséder un manuel de procédures constamment tenu à jour.

Norme 6 : ON DOIT OFFRIR DES PROGRAMMES D'EDUCATION CONTINUE

Description des programmes d'orientation et de formation en cours d'emploi destinés au personnel et explication des programmes de formation continue offerts aux usagers. Lors de l'implantation de nouvelles techniques d'enseignement, description de l'évolution de la collection (Ex.: achat de cours sur cassettes au lieu de résumés sur papier).

Norme 7 : IL DOIT Y AVOIR DES PROCEDURES ETABLIES POUR L'EVALUATION DE LA QUALITE

Etant donné que seul le résultat obtenu compte, il importe d'évaluer périodiquement ce résultat et les grandes variables qui l'affectent.

CONCLUSION

L'analyse des réponses au questionnaire permet aux évaluateurs de mesurer la qualité de la bibliothèque et des services qu'elle offre car si toutes les normes précédentes ont été respectées, la bibliothèque ne peut que donner des services de qualité supérieure.

Le personnel de la bibliothèque a le droit de savoir ce qui advient de l'évaluation de son service. Habituellement, le supérieur hiérarchique fournit ces informations.

N.B.: Une nouvelle édition des normes est actuellement en préparation pour 1985. De plus, un document en français sur l'interprétation des normes pour les "petits" hôpitaux, paraîtra vers la fin de l'année 1984; le titre anglais est : "Standards for accreditation of Canadian Health Care Institutions".

Deuxième partie

Après l'exposé fort intéressant, de monsieur Gialloreto, madame Madeleine Dumais est venue nous expliquer comment elle s'y est prise pour faire son manuel de politiques et procédures. Un très bon exemple de politiques et procédures ainsi qu'une marche à suivre sont remis à chaque participant.

Madame Dumais souligne qu'il est important que la bibliothèque ait des politiques et procédures écrites car elles permettront à un remplaçant éventuel de se retrouver plus facilement et d'assurer un meilleur suivi des activités.

Voici quelques caractéristiques que doivent posséder ces politiques:

- Tous les avis, mémos et démarches importantes peuvent être gardées car ils seront utiles pour l'élaboration des politiques ou leur mise-à-jour.

- Les politiques doivent être facilement repérables.

- Tout le personnel doit pouvoir s'en servir facilement.

- Les politiques doivent être faites en collaboration avec tout le personnel.

Madeleine Dumais nous a ensuite entretenus sur l'évaluation du personnel. Cette évaluation doit se faire périodiquement et l'employé doit être tenu au courant. Ainsi, il est plus facile de se fixer des buts et objectifs et de voir s'ils ont été atteints.

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CHLA/ABSC MOTION ON DISCRIMINATION

PASSED BY THE BOARD OF DIRECTORS, SEPTEMBER 1984.

A. The Board of Directors of CHLA/ABSC reaffirms that Membership in the Association is open, and services are offered, to all without distinction, exclusion or preference except that the Association may reduce membership fees for bona fide full-time students.

B. In addition, the Board affirms the commitment of the Association to full human rights for all persons. In support of this, the Association will not knowingly patronize businesses or facilities which discriminate on the basis of race, colour, sex, pregnancy, sexual orientation, civil status, age, religion, political conviction, language, ethnical or national origin, social condition, handicap, the use of any means to palliate a handicap or without a reasonable cause.

NOTES FROM DOWN UNDER

ANN MANNING

I am writing this on a warm sunny day in Perth, as are most days, and the Christmas decorations, lighted trees and stencilled reindeer look quite incongruous. We have just returned from driving - forth and back - across the Nullarbor (no trees) to Adelaide, where I gave a paper at a national seminar on "Learning Resources for the Health Sciences in Australia". It took us about four days to drive each way - a total of approximately 6000 kilometres, most of it through largely uninhabited desert-country. We kept an eye on the gas gauge and a check on where the next motel might be and we carried 25 litres of water. The highway slaughter of kangaroos along the way is at least equal to that of porcupines in Canada, but because roos are so much larger it seems that much sadder, especially when there is a Joey lying beside mother. We did not do much driving after dark, having been told of the propensity of roos to leap into the path of cars at night, and not being equipped with a roo bar.

There were about 70 people in attendance from all over Australia, so it was a good opportunity to meet a cross-section of health science librarians, and give CHLA more publicity down under. The membership forms I left out were all picked up. I question whether they will really be used, but people seemed to be quite interested in BMC.

The seminar was organized and sponsored by the South Australian College of Advanced Education (SACAE) and the Library Association of Australia. Speakers included the former head of the School of Health Professions and the Course Coordinator for Nursing Studies from SACAE, the Head of Physiotherapy and the Senior Lecturer in Pharmacy from the South Australian Institute of Technology, and the Head of Media Services from Flinders Medical Centre.

Librarians who spoke included Vicki Williamson from the Armidale College of Advanced Education, who discussed the advantages of sending out books and photocopies on the laundry and blood sample trucks; Bert Pribac, Principal Librarian at the Australian Department of Health in Canberra who described the systems being developed in his library; and Julie Hooke, who spoke on an ILL network operating among Adelaide hospitals.

By the late 1980's, Australia plans to have all its nursing training programmes moved out of hospitals and into tertiary institutions - mostly to Colleges of Advanced Education or Institutes of Technology. In the process of upgrading the nurses currently practicing with the R.N. degree, there will be an increasing number of courses offered through distance education. Since Australia is similar to Canada with small population spread across a vast territory, it would be useful to watch how the libraries here cope with serving students in areas remote to their campuses.

I have also had the chance to address the Western Australian Branch of the University and College Libraries Section of the Library Association of Australia, and to the Medical Librarians' Group of Western Australia. From what I have seen and heard of the hospital libraries in Perth and Fremantle, they seem to be staffed with a greater proportion of professionals than is common in Canada.

The Medical Library of the University of Western Australia has kindly taken me in and made me welcome. It also serves as the library of the Queen Elizabeth II Medical Centre, including the Sir Charles Gairdner Hospital. In addition, the Head Librarian, Ingrid Sims, is responsible for the Biological Sciences, Zoology and Dental Libraries, which are in separate locations. All technical services are done centrally, at Reid, the main university library. They use Dewey classification as do many Australian academic libraries, and catalogue through ABN, the Australian Bibliographic Network, using AACR2, LCSH and MeSH. Card catalogues were closed two years ago, and the current collection is on fiche.

MEDLINE is accessed through the Australian National Library, which mounts the database in Canberra; the UWA libraries use Dialog, Orbit and Ausinet for other searches.

This is the first study leave I have had, and it will probably be the last, but I highly recommend Australia as a venue, particularly Perth. If you start planning and negotiating now, perhaps you could have your arrangements completed in time for the Americas Cup Race.

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A TASTE OF LIBRARIANSHIP IN ARABIA

ANN BARRETT

LIBRARIAN, ST. JOHN GENERAL HOSPITAL, N.B.

The United Arab Emirates (UAE) is a small Islamic state stretching along the coast of the Arabian Gulf and bordered by the Kingdom of Saudi Arabia and the Sultanate of Oman. While it boasts some of the richest oil reserves and one of the largest per capita incomes in the world, the UAE remains overshadowed by its more prominent neighbors and remains unknown to most westerners. Perhaps because of this shadow, the UAE has been able to develop as a stable and tolerant nation in the midst of a volatile region - remaining surprisingly untouched by surrounding turmoil.

Prior to the 1960's the UAE (or Trucial States as it was then known) was a poor, under-developed country depending on fishing, pearling and trade for its existence. Wars between the ruling families were not uncommon and most people still lead a nomadic existence. The Emirates were abruptly forced into the modern world by two events which took place in the 1960's - the commencement of oil exploration from Abu Dhabi in 1962, and the withdrawal in 1969-70, of the British after 150 years of control.

The exportation of oil brought unheard of prosperity to the region and within a decade had had a major impact on the lifestyle of the people. In the midst of this change, the British announced their withdrawal and the local rulers were forced to unite and form the government of an amazingly wealthy but under-developed country. In 1971 a Federation was formed of 7 existing Emirates : Abu Dhabi, Dubai, Sharjah, Fujeirah, Ajman, Ras al Khaimah, and Umm al Qaiwain.

The Government, under the rule of HRH Sheikh Zayed Bin Sultan al Nahyan, made education and health care two of the country's main priorities. By 1982, Al Ain University was completed and had graduated its' first class, and a host of modern hospitals had been built, staffed and were offering up-to-date, western style health care.

Into this setting with its contrasts of old and new, I arrived in 1981 to take up my first professional position as health sciences librarian. I went to work at Tawam Hospital, a new facility in the city of Al Ain near the Burami Oasis on the border of Oman. Two hours inland, Al Ain is isolated by its distance from the coastal cities and by the surrounding desert - - beyond the city and oasis was only the "Empty Quarter", nothing but sand until the Red Sea. Although isolated, Al Ain was favored by the Government with many major projects (Tawan being one) and it was rumoured that the seat of government would eventually be moved there from Abu Dhabi.

With little foreknowledge of what to expect in the way of culture, surroundings or work, I arrived at this government-owned, American-managed hospital to set up house of a female compound" and to begin work in a quiet, relaxed environment in which I was pervaded by a feeling of insulation from the 'real world'. It's beyond me to describe adequately the cultural differences I encountered, but I will try to describe some of the more tangible differences and some of the surprising similarities between a typical job in a Canadian hospital library and a Middle Eastern one.

On the familiar side, Tawan hospital was undergoing its pre-JCAH survey because, although this was a goal of the American administration even though it was not required in the UAE. Consequently it was grappling with standards, quality assurance, policy and procedure manuals, etc. I was lucky enough to walk into a well set-up library based on NLM classification with a well established Library Committee which took a great interest in the development of the library. Here the similarities with the Canadian scene began to wane.

While hospital librarians in Canada often feel a certain sense of isolation, in the UAE the professional isolation was absolute. There were few libraries and even fewer librarians. In two years I was fortunate enough to find the occasional library worker who spoke English; there was no formal method to meet other library personnel. However, the ones I did meet usually had some form of technical training from Egypt, England or India and all were very helpful as far as their resources allowed. I met one gentleman who was Medical Librarian for the whole of Oman; a daunting position for someone fresh out of a technicians' course in the UK! With such limited resources within the country, I became very dependent on the British Lending Library and the Royal Society of Medicine in London for reprints and MEDLINE searches. Both institutions provided amazing service - - I could telex the BLL and receive the copy within 5 days.

I was disappointed to find that medical school libraries in the region, (Saudi Arabia, Kuwait) while interested to hear from me, were not inclined to provide services outside their own country. This was another reason for my dependence on British institutions.

Another handicap I experienced was the lack of continuing education opportunities; they were virtually nonexistent in the UAE. Occasionally I heard of meetings being held in neighbouring countries but the difficulty in obtaining a travel visa made it impractical to attend.

One of my more interesting problems was dealing with censors! They would on occasion become zealous and go through medical and nursing journals with a black marker. When I first arrived, they held up all of my new journals for 6 months. What a field day when 18 crates appeared on my doorstep one morning!

Finally, one of the oddest things was not having a budget, or should I say, not being told how much money was allocated to the library, an oddity of a profit-making institution which bids for a contract.

While work at the hospital ran at a slower pace than is usual in western hospitals, blamed on the heat, the social life and the culture of the country were always exciting. Summer sent everyone to the pool or the incomparable beaches. Winter brought cooler weather, clear skies and camel races which were always exciting to watch. There always seemed to be one or two weddings in the Royal Family which anyone was welcome to attend, and which brought week-long celebrations of singing and dancing until 2 a.m. One could even eat and sleep as a guest of the family in tents provided.

My years in the UAE were a fascinating experience, perhaps one that I will repeat someday. With cold weather in the Maritimes, I often daydream of the sun, sand and the sound of the prayer call.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

MARILYN SCHAFER,

HEAD, HSRC

Document delivery is one of CISTI's high priority services, with the demand increasing steadily. In 1974/75, 100,000 requests were cleared through the section, in 1983/84, requests had risen to just under 240,000.

CISTI's collection is large; over 36,700 serial titles, of which approximately 25,000 are current; an estimated 373,000 monographic items; close to 2 million reports on microfiche. This means that requesters can expect to receive much of what they ask for.

Document Delivery can be contacted in many different ways:

1. Telephone - (613) 993-1585
2. Telex - 053-3115
3. Electronic Mail Facilities
   - CAN/OLE - give address
   - ENVOY 100 (Telecom Canada)
     - COMPOSE CISTI for ILL requests
     - ILL.CISTI for general correspondence
   - QL
4. Mail
5. Courrier Service

While we encourage clients who have library services available to use them, it may be helpful to you to know that we provide service to organizations and individuals who do not have such facilities readily accessible.

Included in CISTI's users are government institutions at the Federal, Provincial, and Municipal levels; academic institutions; business enterprises of all sizes, such as consultant firms and individuals engaged in private business. Hospitals account for 7-9% of total requests received and for approximately 4% of the verification work.

While workload has increased substantially, the rate of staff growth has not kept pace. As a result CISTI management has assigned the document delivery area the highest priority in determining how to use present resources most effectively and efficiently. We are currently averaging in excess of 1,000 requests per day. We must meet a 5-day turnaround time for 80-85% of materials supplied. A fill rate of 75% of requests received is being maintained. Even in December there was no respite as the daily average remained over 1,000 requests.

To help us cope with the situation, a new set of procedures was introduced in February 1983. These changes did not affect traditional services. However, intensive searching for materials is no longer automatically performed. Personnel now search on the basis of information supplied. If a problem arises likely to involve considerable search, the request is returned to the sender indicating the problem, asking for more information if such is available, or asking for guidance in the amount of search desired.

From a paper presented to the OLA 82nd Annual Conference, by Jean MacGregor, Head, Document Delivery, CISTI. October, 1984.

Out-of-country locations for both monographs and journals are supplied on request only. This procedure appears to be having a beneficial effect. Clients are receiving status reports in regard to problem requests at an earlier stage, and are able to decide at that point whether or not they wish to wait for additional search.

Increasing the number of requests received in standard format became a high priority project with the advent of electronic mail. Standard formats for requests speed up processing considerably and reduce the chances of error. Our own system, CAN/OLE, introduced online ordering from databases which supplied us with verified requests, and also a format for non-database requests. This latter format was recently revised, with the approval of other suppliers, and is now the same as the format that was scripted into ENVOY 100 when it was first brought to CISTI for interlibrary loan use. These same scripts are currently being programmed into CNCP's EOS system, which we will be testing shortly.

The standardization of format has even been extended to telephone requests. Our staff now feed telephone requests directly into a computer by filling in blanks on a full-screen format. They then print out requests for processing that are nearly identical to electronic mail requests.

To show how means of access in the past 10 years have changed;

In 1974/75 - 65% of requests were received by mail
- 25% telex
- 10% telephone

In 1983/84 - 42% mail
- 48% some form of EMF (CAN/OLE, ENVOY)
- 10% telephone

Delivery of material to clients by the fastest possible means is still a concern. CISTI's document delivery service already interfaces with a variety of delivery services including the Federal Government Library Delivery Service (LDS), the InterUniversity Transit System (IUTS), Prêts entre Bibliothèques des Universités du Québec ... (PEBUQUILL). Bulk mail deliveries by air freight are made to cities several times a week.

Intensive study of the document delivery operations will continue in the months ahead. The objective is to assure users that they will receive the best possible service from CISTI in filling their requests for published information, as well as for location service.

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DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

MARILYN SCHAFER,
CHEF, CBSS

La fourniture de documents est l'un des services de l'ICIST qui reçoit la plus haute priorité, la demande s'accroissant régulièrement. En 1974-1975, 100,000 demandes ont été traitées par la section, en 1983-1984, les demandes se chiffraient juste en dessous des 240,000.

La collection de l'ICIST est vaste: plus de 36,700 périodiques, dont environ 25,000 sont des titres courants, environ 373,000 ouvrages monographiques, près de 2 millions de rapports sur microfiches. Cela veut donc dire que les clients peuvent s'attendre à recevoir ce qu'ils ont demandé.

Il existe plusieurs façons de rejoindre le service de fourniture de documents:

1. Téléphone - (613) 993-1585
2. Télex - 053-3115
3. Systèmes de courrier électronique
   - CAN/OLE - Indiquez l'adresse
   - ENVOY 100 - (Telecom Canada)
     - COMPOSE CISTI pour les demandes de PEB
     - ILL.CISTI pour la correspondance générale
   - QL
4. Courrier
5. Service de courrier

Même si nous encourageons les clients qui disposent de services bibliothécaires à les utiliser, il peut vous être utile de savoir que nous offrons ce service aux organismes et personnes qui n'ont pas aisément accès à une bibliothèque.

Au nombre des clients de l'ICIST, on retrouve des organismes gouvernementaux aux niveaux fédéral, provincial et municipal, des établissements scolaires, des entreprises de toutes les tailles comme des firmes de consultants et des personnes travaillant dans le secteur privé. Les hôpitaux représentent de 7 à 9% de toutes les demandes reçues et environ 4% des demandes de vérification.

Malgré une augmentation substantielle de la charge de travail, le taux de croissance des effectifs n'a pas suivi le même rythme. Conséquemment, la direction de l'ICIST accorde donc au secteur de la fourniture de documents la plus grande priorité pour déterminer de quelle façon utiliser les ressources actuelles de la façon la plus efficace et la plus productive. Nous recevons présentement en moyenne plus de 1,000 demandes par jour. Nous devons respecter un temps de réponse de 5 jours, ou faire mieux, dans 80 à 85% des ouvrages fournis. Nous maintenons un taux de réponse de 75% des demandes reçues. Il n'y a aucun relachement, même en décembre la moyenne quotidienne est demeurée supérieure à 1,000.

Afin de mieux faire face à la situation, un nouvel ensemble de procédures a été mis èn vigueur en février 1983. Ces changements ne touchaient pas les services traditionnels. Cependant, les recherches poussées des documents ne sont plus effectuées de façon routinière. Le personnel effectue les recherches à partir des renseignements fournis. Si un problème survient et nécessite une recherche approfondie, la demande est retournée à l'expéditeur en indiquant le problème afin d'obtenir plus de précisions si possible, ou demander jusqu'à quel point il faut pousser le recherche.

Tiré d'une communication présentée à la 82e conférence annuelle de l'Ontario Library Association par Jean MacGregor, chef, fourniture de documents, octobre 1984.

Les localisations à l'extérieur du pays tant pour les monographies que pour les périodiques sont fournies uniquement sur demande. Cette procédure semble apporter un effet bénéfique. Les clients reçoivent à une étape préliminaire des rapports d'avancement au sujet des demandes qui posent des problèmes et peuvent à ce moment-là décider s'il est possible ou non d'attendre les résultats de recherches supplémentaires.

L'augmentation du nombre de demandes présentées selon le format normalisé est devenue une grande priorité avec l'arrivée du courrier électronique. Les formats normalisés de demandes accélèrent considérablement le traitement et réduisent les chances d'erreur. Notre propre système, CAN/OLE, a ajouté la commande en direct à partir des bases de données ce qui nous fournit des demandes déjà vérifiées; CAN/OLE compte aussi un format pour les demandes ne provenant pas d'une base de données. Ce dernier format a récemment fait l'objet d'une révision, avec l'approbation d'autre fournisseurs, et il s'agit maintenant du même format que celui utilisé pour ENVOY 100 lorsque ce système fut présenté à l'ICIST pour utilisation avec les prêts entre bibliothèques. Ces mêmes formulaires électroniques sont présentement stockés dans le système EOS du CNCP qui sera mis à l'essai sous peu.

La normalisation des demandes a même été appliquée aux demandes téléphoniques. Notre personnel inscrit maintenant les demandes téléphoniques directement dans un ordinateur en remplissant les espaces d'un formulaire électronique affiché à l'écran. Il est alors possible de faire imprimer les demandes pour traitement. Ces demandes sont d'ailleurs presque identiques aux demandes provenant du courrier électronique.

Voici quelques chiffres qui démontrent le changement des moyens d'accès au cours des dix dernières années:

En 1974-1975 -65% des demandes nous provenaient par le courrier
-25% télex
-10% téléphone

En 1983-1984 -42% des demandes nous provenaient par le courrier
-48% courrier électronique (CAN/OLE, ENVOY)
-10% téléphone

La livraison des documents aux clients par les moyens les plus rapides demeure toujours une préoccupation. Le service de fourniture de documents de l'ICIST communique déjà avec une variété de services de livraison y compris le service de livraison entre bibliothèques du gouvernement fédéral (SLB), le "Interuniversity Transit System" (IUTS), les Prêts entre bibliothèques universitaires du Québec... (PEBUQUILL). Des envois aériens groupés sont faits plusieurs fois par semaine à différentes villes.

Dans les mois à venir, une étude poussée des activités de fourniture de documents se poursuivra. L'objectif est d'assurer aux utilisateurs qu'ils recevront le meilleur service de l'ICIST en nous adressant leurs demandes d'information publiée tout comme les demandes de localisation de documents.

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CHLA CONFERENCE 1985 : PRELIMINARY PROGRAMME

WHEN: June 9-12, 1985
WHERE: Sandman Inn, Calgary, Alberta
THEME: Health Information Providers: Their Role by 1995

Saturday June 8, 1985

Board of Directors Meeting

Sunday June 9, 1985

Continuing Education Courses (full day)

1. Basic management principles for libraries
   Dr. Robert Schulz, Faculty of Management
   University of Calgary

2. Medical Library reference services
   M.A. Flower

Welcoming reception at the Sandman Inn in the evening.

Monday June 10, 1985

Morning

Welcoming addresses
Dr. Gerald Bonham, Calgary Health Services
David Crawford, CHLA President
Judy Flax, Conference Coordinator

Keynote address
Nina Matheson, Welch Medical Library, John Hopkins University

Panel: Management of Academic Medical Libraries in the Information Age -- Canadian Perspective
Germain Chouinard, Bibliothèque de la Santé, Université de Sherbrooke
Frances Groen, Medical Library, McGill University
Alan MacDonald, MacKimmie Library, University of Calgary

Afternoon

Panel: Users' Expectations of the Health Care Information System
Moderator: Audrey Kerr, Medical Library, University of Manitoba
Panelists:
Consumer
Nurse
Pearson Scholar (3rd World Country)
Physician
Researcher
Student

Invited Papers
What Should Libraries Expect of Each Other (to be announced)

Alberta Heritage Foundation for Medical Research: Present Role - - Future Participation
Dr. L.E. McLeod, President AHFMR

Cocktails, Boat Excursion, Banquet and Entertainment at Heritage Park

Tuesday June 11, 1985

Morning

Invited Papers

Electronic Publishing
Olderich Standera, MacKimmie Library, University of Calgary

Future of Information Processing in Medicine and Public Health
Dr. Peter Harasym, Medical Education, University of Calgary

Large Medical Libraries' Support for Small Hospital Libraries
William Fraser, B.C. Medical Library Services

Physician Adoption of Innovation: Information Sources Used in the Decision Making Process
Jocelyn Lockyer, Faculty of Continuing Medical Education, University of Calgary
Dr. John Parboosingh, Faculty of Continuing Medical Education, University of Calgary

Adapting to changes (to be announced)

Afternoon

Annual General Meeting

Wednesday June 12, 1985

Board of Directors Meeting

Continuing Education Courses (half day each)

1. Medline update, Presented by CISTI

2. Alternative Medical Databases, Presented by DIALOG

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ABSC : PROGRAMME PRÉLIMINAIRE DE LA CONFÉRENCE DE 1985

QUAND : du 9 au 12 juin 1985

OÙ : Sandman Inn, CALGARY (Alberta)

THÈME : Fournisseurs d'information en santé ; leur rôle d'ici 1995

Samedi 8 juin 1985

Réunion du Bureau de direction

Dimanche 9 juin 1985

Cours de formation professionnelle (toute la journée)

1. Principes de base en gestion pour les bibliothèques
   Dr. Robert Schulz, faculté de gestion (Université de Calgary)

2. Services de référence des bibliothèques médicales
   M.A. Flower

Soirée d'accueil à l'hôtel Sandman Inn.

Lundi 10 juin 1985

Matin

Mots de bienvenue
Dr. Gerald Bonham, Calgary Health Services
David Crawford, président de l'ABSC
Judy Flax, coordonnatrice de la conférence

Discours d'ouverture
Nina Matheson, Welch Medical Library, Johns Hopkins University

Table ronde
Gestion des bibliothèques médicales universitaires à l'ère de l'information : perspective canadienne
Germain Chouinard, Bibliothèque de la santé, Université de Sherbrooke
Frances Groen, Bibliothèque médicale, Université McGill
Alan MacDonald, Bibliothèque MacKimmie, Université de Calgary

Après-midi

Table ronde : Ce que l'utilisateur attend du système d'information en soins de santé
Animatrice : Audrey Kerr, Bibliothèque médicale, Université du Manitoba

Participants : consommateur
infirmière
boursier Pearson (pays du Tiers Monde)
médecin
chercheur
étudiant

Conférenciers invités

Ce que les bibliothèques devraient attendre les une des autres (à préciser)

'Alberta Heritage Foundation for Medical Research' : rôle actuel et participation future
Dr. L.E. McLeod, président de l'AHFMR

Coquetels, excursion en bateau, banquet et divertissements au parc Heritage

Mardi 11 juin 1985

Matin

Conférenciers invités

Edition électronique
Olderich Standera, Bibliothèque MacKimmie, Université de Calgary

Avenir du traitement de l'information en médecine et en hygiène publique
Dr. Peter Harasym, Education médicale, Université de Calgary

Appui apporté aux petites bibliothèques d'hôpital par les grandes bibliothèques médicales
William Fraser, B.C. Medical Library Services

Le médecin devant l'innovation : les sources documentaires dans le processus de décision
Jocelyn Lockyer, faculté d'éducation médicale permanente, Université de Calgary
Dr. John Parboosingh, faculté d'éducation médicale permanente, Université de Calgary

S'adapter aux changements (à préciser)

Après-midi

Assemblée générale annuelle

Mercredi 12 juin 1985

Réunion du Bureau de direction

Cours de formation professionnelle (demi-journée chacun)

1. Rapport d'avancement sur Medline, présenté par l'ICIST
2. Autres bases de données médicales, présentées par DIALOG

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MANITOBA HEALTH LIBRARIES ASSOCIATION (MHLA)

CORRESPONDENT:

JILL BROWN

The MHLA Online Users Group will hold its first meeting at the St. Boniface General Hospital School of Nursing Library on January 23rd. Michael Tennenhouse will demonstrate "Paperchase", to be followed by a problem-solving session.

In the afternoon, the winter meeting of the MHLA will be held. Mr. Ralph Schilling of Smith-Carter Associates, our guest speaker, has been involved in planning both the new School of Nursing Library and the Carolyn Sifton Research Library at the St. Boniface Hospital. He will discuss the steps involved in planning and designing libraries both from the ground up, and the outside in!

The new St. Boniface General Hospital School of Nursing Library was officially opened on November 21st. Funding for the facility was secured from the Government of Canada and the Helene Fuld Health Trust. The Trust was established by Dr. Leonard F. Fuld in memory of his mother Helene, who was an active crusader for better health standards in the 1880's. It provides financial support to over 178 schools of nursing; the St. Boniface General Hospital is the only Canadian school presently receiving assistance.

The annual MHO/MHLA Conference is scheduled for April 10th. The Manitoba Health Organization Conference theme is Mental Health. Dr. Bryan Tanney of the Suicide Information and Education Centre in Calgary will be guest speaker.

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AV CATALOGUE, TIMT

Regrettably the AV Catalogue produced by the Toronto Institite for Medical Technology, as announced in BMC 6 : 3, page 126, will not be available until further notice.

WINDSOR AREA HEALTH LIBRARIES ASSOCIATION

ANNUAL REPORT : MAY 1983 - AUGUST 1984

PATRICIA BLACK
PRESIDENT
WINDSOR AREA HEALTH LIBRARIES ASSOCIATION

WAHLA continues to have the same meeting schedule:
quarterly meetings for the full membership and core group meetings to discuss matters which are of interest mainly to the Windsor hospitals. This year we have had some important changes.

1. Hotel Dieu Hospital and Metropolitan General Hospital have both become MEDLINE Centers with the installation of Digital LA 100 computer terminals. This is an important step because Windsor does not have a medical school library as a resource.

2. Grace and Hotel Dieu Hospitals have had their journal holdings added to OCLC, which is the state-wide computerized union list of serials in Michigan.

3. The WAHLA Union List of Bio-Medical Serials was put on a word processor during the past year and this will simplify the annual revision.

4. The Repository Library agreement will be signed by the Administrators of the three hospitals and then we can begin to dispose of the journals which another library has agreed to keep.

5. Conferences attended: three of our members attended the CHLA conference in Toronto in June. Our Chatham members continue to go to the London meeting and report back to us. WAHLA members frequently attend the Metropolitan Detroit Medical Library Group (MDMLG) meetings and the state-side conference in October.

6. This year WAHLA hosted the MDMLG summer luncheon, which was held in Windsor at the historic Willistead Manor. About 100 members were entertained by Dr. Robert Booth, former head of the Wayne State University School of Library Science, who gave an excellent slide presentation on ancient and modern libraries around the world.

7. Chapter news: Mrs. Anna Henshaw returned from a six-month world tour at the end of June. Mrs. Toni Janik had a baby in early November. The annual Christmas dinner and the summer luncheon were both a great success.

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NEWS & NOTES

FOOD SCIENCE AND TECHNOLOGY ABSTRACTS (FSTA), an international database produced by the International Food Information Service, Frankfurt, Germany is now available on line. FSTA covers abstracts from 1,200 journals, patents from 20 countries, standards and books in any language. Areas relating to food science and technology including chemistry, biochemistry, physics, agriculture, home economics and engineering are also covered. FSTA is available on CAN/OLE.

FOOD SCIENCE AND TECHNOLOGY ABSTRACTS (FSTA) est un fichier international réalisé par le International Food Information Service à Francfort, en République fédérale d'Allemagne. Le fichier FSTA recense les résumés d'environ 1,200 périodiques, les brevets de 20 pays, les normes et les monographies en n'importe quelle langue. Tous les aspects de la science et la technologie alimentaires sont abordés. Les domaines connexes tels que la chimie, la biochimie, la physique et l'agriculture ainsi que l'économie domestique et le génie sont également recensé dans la mesure où ils se rapportent aux sciences et à la technologie alimentaires. FSTA est sur CAN/OLE.

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The National Film Board of Canada has just released OUR BODIES, OUR MINDS, a comprehensive catalogue of Film, Video and Multi-Media Resources for Health Education. Published in response to public need and demand for high quality Canadian audio-visual resources, the catalogue provides information on over 250 productions produced and/or distributed by the NFB. The content is directed toward audiences ranging from children to the elderly; from medical professionals,

social service workers and teachers to parents, self-help groups, and myriad community organizations and individuals.

L'Office national du film du Canada vient de publier OUR BODIES, OUR MINDS un catalogue complet de films, vidéos et produits multi-média traitant de la santé. Repondant aux besoins et à la demande du public désireux d'avoir accès à des ressources audio-visuelles canadiennes de haute qualité en ce domaine, ce catalogue donne des renseignements sur plus de 250 productions réalisées et/ou distribuées par l'ONF. Le contenu s'adresse à tous les publics, des plus jeunes aux plus âgés, qu'il s'agisse de professionnels du milieu médical, de travailleurs sociaux, d'enseignants ou de parents, de groupes auto-suffisants, d'organisations communautaires ou de particuliers.

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The SAINT JOHN REGIONAL HOSPITAL recently held the official opening of the Dr. Carl R. Trask Health Sciences Library. The library contains resources from the amalgamated Saint John General and West Saint John Community Hospital libraries and the recently integrated Saint John School of Nursing Library.

The recently completed library is staffed by ANN BARRETT (M.L.S., DALHOUSIE, 1981) and two library assistants and serves staff and students of the 765 bed hospital as well as a 60 bed veterans wing. The Saint John Regional Hospital is an accredited teaching institution affiliated with Dalhousie University Medical School and is the main teaching institution for the Saint John School of Nursing.

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Three students from the Dalhousie School of Library Service, GLORIA CORBETT, NILS KUUSISTO AND JOAN CLOGG, are receiving training and experience in health sciences librarianship at the W.K. Kellogg Health Sciences Library, Halifax. All three students are from the class of 1985.

* * * * * * * * * * * *

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BIBLIOTHECA MEDICA CANADIANA

VOLUME 6 NUMBER 5 ISSN 0707 - 3674

BIBLIOTHECA MEDICA CANADIANA

VOL. 6, NO. 5 1985

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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

PUBLISHING SCHEDULE 1985/86 CALENDRIER DE PUBLICATION

The deadlines for submission of articles to V.7 are as follows:

7:1	July 5, 1985
7:2	September 6,1985
7:3	November 15, 1985
7:4	January 31, 1986
7:5	April 4, 1986

Les dates limites pour des articles pour les envois à paraître:

7:1	5 juillet 1985
7:2	6 septembre 1985
7:3	15 novembre 1985
7:4	31 janvier 1986
7:5	4 avril 1986

INDEXED IN
INDEXÉ PAR : LIBRARY AND INFORMATION SCIENCE ABSTRACTS (LISA)
CUMULATIVE INDEX TO NURSING & ALLIED HEALTH LITERATURE (CINAHL)

LETTER TO THE EDITORS

I applaud devoting most of BMC Vol.6, No. 3 issue to the theme of occupational health and safety resources. Unfortunately, the emphasis was only Ontario-based. I don't know if there was a reason for this but in retrospect, I wish that the B.C. Workers' Compensation Board Library, the Commission de la Santé et de la securité du travail du Québec, and the Occupational Health and Safety Library of Alberta Workers' Health Safety and Compensation had also been invited to contribute. All have specialized areas and services which make them different from each other.

If at some point, a second issue is considered on the topic of occupational health and safety, I would hope we might have the opportunity to contribute and extend your excellent coverage of this subject area.

My comments are in no way meant to diminish how useful I feel this issue has been, particularly in identifying for clinical medical libraries some of the major Canadian collections and information services in this very broad subject area. I think it was timely and very useful.

W. Keith McLaughlin
Manager, Information Services
Occupational Health & Safety Library
Alberta Workers' Health, Safety and Compensation
Edmonton, Alberta

FROM THE EDITORS

In reply to Keith McLaughlin's letter, we would like to thank him for alerting the editors to other significant collections in occupational health and safety.

As an editorial policy, BMC invites submissions for theme issues in two ways. First, an open call for papers on the planned topic, with deadline dates, is published at least once in BMC. As well, the editors frequently contact particular organizations and/or individuals in the subject field in question, to encourage them to submit articles. In the case of occupational health and safety, several of the organizations noted above were contacted, and unfortunately, were unable to respond at that time.

Given the limited time, energy and knowledge of any voluntary editorial team, certain organizations can be overlooked. If the issue appeared to be slanted to one region, this was unintentional and the editors would be delighted to publish a supplementary issue on occupational health.

We would like to thank Keith McLaughlin for taking the time to write, and we welcome any and all queries concerning BMC; it can only be responsive to the needs of our members if we hear from you!

Bonita Stableford
Editor

Jan Greenwood
Assistant Editor

A WORD FROM THE PRESIDENT

DAVID S. CRAWFORD

It is hard to imagine that my term of office as your President is soon going to end. I have been involved with the CHLA since before its inception, having been the Chair of the ad-hoc Committee which established the Association. And, it has been very gratifying to see how the Association has expanded, both in numbers and in activities since its foundation in October 1976. It is also encouraging to see how many candidates are running for the Board in the current elections and how many of the candidates are becoming involved in the National scene for the first time. Though the expertise of older members (and I count myself in this category) should be drawn upon, the new ideas and new projects proposed by newer and younger members are what will keep our Association relevant and alive. Again, I urge any members wishing to be appointed to Association committees to contact me before the end of May.

Since this is my last "Presidential message" it is perhaps appropriate to review some of the activities of the past year. Among the most significant was the election of a Board of Directors which covers the country from Halifax to Vancouver. Though previous Boards have been quite representative, this was the first time we had members from all across the country. In addition, the input to the Board was greatly increased as the number of Chapters has increased; chapter Presidents can attend Board meetings and receive all Board documents. The Association now has Chapters in Nova Scotia, Montreal, Ottawa/Hull, Kingston, Toronto, Windsor, Manitoba, Southern Alberta, Northern Alberta and British Columbia.

During the current year we have seen the Association's activities expand. Not all the initiatives started this year have yet born fruit but seeds have been planted and our successors will, one hopes, be able to reap the benefits. Firstly, the Board's motion on union lists of serials discussed in an earlier column has been endorsed by two Chapters and by several other Associations. It was sent to the National Librarian and the Director of CISTI in October. The National Librarian has established a task force under the chairmanship of Louis Forget to investigate our recommendations concerning this complex subject and I hope to be able to report preliminary results at the Annual Meeting.

Another matter of long term significance is the Brief to CISTI which is about to be submitted to CISTI's Director. This brief, written in conjunction with the Association of Canadian Medical Colleges Special Resource Committee on Medical School Libraries, makes several recommendations to CISTI concerning the Health Sciences Resource Centre. The brief was drafted and prepared by Barbara Greeniaus of CHLA and Audrey Kerr of the ACMC group. Copies are available on request from me. It is hoped that the suggestions made in the Brief will help HSRC to serve all Canadian health libraries in the years ahead and will strengthen this vital section of CISTI. Both Audrey and Barbara worked very hard on this brief and the result is a reflection of this hard work and of the input from Board members, Chapter Presidents and members of the ACMC group.

During this year the relationship between the ACMC group and the CHLA has been strengthened and formalised and the Chair of the ACMC group is now invited to all Board meetings of CHLA and receives all Board documents. In addition, the practice of inviting the President of the CHLA to attend the annual meeting of the ACMC group has been formalised by making our President an ex-officio non voting member of the

Special Resource Committee. During the year a number of other developments have taken place; the CHLA has now adopted an anti-discrimination policy (published in the last BMC in English and in this issue in French). Though the possibilities for CHLA to discriminate directly are small, this policy also deals with the possibility of CHLA doing business with companies which do discriminate and forbids the Association from knowingly patronising them. I am proud that the Association has affirmed its support for full human rights for all persons.

At its last meeting the Board received a request for seed money to start an "oral history" project of health sciences librarianship in Canada. This project was welcomed by the Board as it continues our involvement in preserving the raw material of our history. We have already established the Association's archives (housed in the Osler Library of the History of Medicine at McGill University) and this project will provide more facts and opinions of great value to future historians. The project is under the direction of Mrs. M.A. Flower who will, in due course, report on it to the Board and the membership. The funding provided by CHLA ($500) is designed to allow Mrs. Flower to provide sample tapes and to show the commitment of our Association to this project as Mrs. Flower approaches other granting agencies for further funding.

By the time this issue of BMC reaches you, many people will have received a questionnaire on user services offered by special libraries. This survey is a personal research project of Beryl Anderson and will provide some much needed data on the services we provide and give some idea where improvements could be made. If you received this questionnaire, I urge you to respond to it and if you did not and work in a hospital library, I suggest that you request a copy of it from:

Dr. B. Anderson
175 Bronson Avenue
#601,
Ottawa, K1R 6H2

Also by the time this issue reaches you, you will have received full details of our Calgary meeting. This meeting, planned by Judy Flax and her colleagues in Alberta, looks to be the best meeting ever and I look forward to seeing many of you there. The Annual Meeting on Tuesday, June 11th, will see the retirement from the Board of Donna Dryden (Treasurer), Carol Morrison (Secretary), Marilyn Hernandez (Board Member responsible for the Executive Manual) and of Bonnie Stableford, Editor of B.M.C. for the last three years. Without exception these people have given their all for the Association, and without their help and the help of other Board members, the Assistant Editor of BMC and Committee members, the Board and the Association would not have achieved so much.

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UN MOT DU PRÉSIDENT

DAVID S. CRAWFORD

J'ai du mal à croire que mon mandat de président est presque terminé. J'ai participé à l'ABSC avant même sa fondation puisque j'ai présidé le comité chargé d'établir l'Association. J'ai été bien content de voir l'Association se développer, en termes d'effectifs et aussi d'activités, depuis sa fondation en octobre 1976. Il est encourageant de constater combien de personnes se portent candidats au Bureau de direction et combien de ces candidats s'engagent sur le plan national pour la première fois. Il convient bien sûr de profiter de l'expérience des membres plus anciens (comme moi), mais ce sont les idées nouvelles et les initiatives de membres plus récents et plus jeunes qui assurent le dynamisme de notre Association. Tout membre qui désire participer à l'un ou l'autre comité est prié de communiquer avec moi avant le fin de mai.

Puisqu'il s'agit de mon dernier (mot du président), il convient de passer en revue quelques-unes des activités de l'année qui se termine. Je tiens à souligner l'élection d'un Bureau de direction qui couvre tout le pays de Halifax à Vancouver. Le Bureau avait été assez représentatif auparavant, mais c'est la première fois que nous avons eu des membres d'un bout à l'autre du pays. De plus, le Bureau a pu bénéficier largement de l'augmentation du nombre de sections; les présidents de section peuvent assister aux réunions du Bureau et reçoivent tous les documents du Bureau. L'Association compte actuellement des sections en Nouvelle-Ecosse, à Montréal, à Ottawa-Hull, à Kingston, à Toronto, à Windsor, au Manitoba, en Alberta du Sud, en Alberta du Nord et en Colombie-Britannique.

Les activités de l'Association ont pris plus d'ampleur durant l'année en cours. Les initiatives de cette année n'ont pas toutes porté fruit mais j'espère bien que nos successeurs pourront en récolter les bienfaits. Tout d'abord, la motion du Bureau au sujet des catalogues collectifs de périodiques, décrite dans un numéro précédent, a été appuyée par deux sections et par plusieurs autres associations. Elle a été transmise au directeur général de la Bibliothèque nationale et au directeur de l'ICIST en octobre. Le directeur general de la Bibliothèque nationale a chargé un groupe de travail présidé par Louis Forget d'examiner nos recommandations au sujet de cette question complexe et j'espère pouvoir présenter un rapport préliminaire à l'assemblée annuelle.

Nous sommes sur le point de présenter un mémoire au directeur de l'ICIST. Ce mémoire, rédigé conjointement avec le Comité spécial des bibliothèques d'école de médecine de l'Association des facultés de médecine du Canada, adresse à l'ICIST plusieurs recommendations au sujet du Centre bibliographique des sciences de la santé. Le mémoire a été rédigé et préparé par Barbara Greeniaus de l'ABSC et par Audrey Kerr du groupe de l'AFMC. On pourra en obtenir un exemplaire sur demande en communiquant avec moi. Il est à espérér que les recommandations du mémoire aideront le CBSS à bien servir l'ensemble des bibliothèques de la santé du Canada au cours des années à venir et qu'elles renforceront cet élément vital de l'ICIST. Audrey et Barbara ont toutes deux travaillé trés fort pour préparer ce mémoire qui a bénéficié aussi de la participation des membres du Bureau, des présidents de section et des membres du groupe de l'AFMC.

Au cours de l'année, les liens entre le groupe de l'AFMC et l'ABSC ont été renforcés et entérinés et le président du groupe de l'AFMC est désormais invité à toutes les réunions du Bureau de l'ABSC, tout en recevant l'ensemble des documents du Bureau. De plus, la participation du président de l'ABSC à l'assemblée annuelle du groupe de l'AFMC est désormais confirmée puisque notre président est membre d'office sans droit de vote du Comité spécial.

L'année a aussi été marquée par d'autres réalisations. En effet, l'ABSC a adopté une politique de non-discrimination (publiée en anglais dans le dernier numéro et en français dans celui-ci). Même si les occasions de discrimination directe au sein de l'ABSC sont minimes, cette politique couvre également les cas où l'ABSC pourrait faire affaire avec des compagnies qui établiraient une discrimination et empêche l'Association de leur accorder sciemment sa clientèle. Je suis fier que l'ABSC ait ainsi appuyé les droits universels de la personne.

À sa dernière réunion, le Bureau a reçu une demande de fonds pour lancer un projet d'histoire orale en bibliothéconomie des sciences de la santé au Canada. Ce projet a été bien accueilli par le Bureau puisqu'il confirme notre participation à la conservation des documents qui constituent notre histoire. Nous avons déjà établi les archives de l'Association dans la bibliothèque Osler de l'histoire de la médecine à l'Université McGill, de sorte que ce projet offrira encore plus de données fort utiles aux futurs historiens. Le projet relève de Mme M.A. Flower, qui présentera en temps et lieu un rapport au Bureau et aux membres. Les fonds versés par l'ABSC (500 $) permettront à Mme Flower de fournir des bandes types et de confirmer l'engagement de notre Association pendant que Mme Flower communique avec d'autres sources de financement.

Lorsque vous lirez ces lignes, de nombreuses personnes auront reçu un questionnaire au sujet des services offerts par les bibliothèques spéciales. Cette enquête est un projet de recherche personnel de Beryl Anderson et elle fournira des données fort utiles sur les services que nous offrons tout en suggérant des améliorations. Si vous avez reçu ce questionnaire, je vous prie d'y répondre. Si vous ne l'avez pas reçu et que vous travaillez dans une bibliothèque d'hôpital, vous pourrez en obtenir un en communiquant avec:

Dr. B. Anderson
175, avenue Bronson,
pièce 601,
Ottawa, K1R 6H2

Lorsque vous lirez ces lignes, vous aurez également reçu des informations détaillées au sujet de notre réunion de Calgary, préparée par Judy Flax et ses collègues en Alberta. Cette réunion pourrait être la meilleure jamais organisée et j'espère y rencontrer beaucoup de membres. À l'occasion de l'assemblée annuelle du mardi 11 juin, plusieurs personnes quitteront le Bureau: Donna Dryden, trésorière, Carol Morrison, secrétaire, Marilyn Hernandez, responsable du manuel administratif, ainsi que Bonnie Stableford, rédactrice de B.M.C. depuis trois ans. Toutes ces personnes ont travaillé avec beaucoup de dévouement; sans leur appui et la participation des autres membres du Bureau, de la rédactrice adjointe de B.M.C. et des membres des comités, le Bureau et l'Association n'auraient pas fait autant de progrès.

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THE ROLE OF THE MEDICAL LIBRARY IN HOSPITAL-WIDE QUALITY ASSURANCE

JOHANN A. VAN REENEN
MEDICAL LIBRARIAN
ROYAL JUBILEE HOSPITAL

Hospital librarians will remember the early 1980's for the frequency of requests for "good overviews" of the concept of quality assurance (QA). At our library (Victoria Medical Society and Royal Jubilee Hospital), we soon realized that there were no really good overviews. The most useful heading in Index Medicus up to 1979 was "Quality of Health Care". The "Quality Assurance, Health Care" heading came into use in 1980. Reading the literature at the time, one was confused by the variety of approaches to the problem of ensuring quality in hospitals, and the resultant mixed terminology.

The first step then, was to define and synonymize these terms and pull together articles that could be used in a Canadian context. This list was eventually published.[1] Since then, the concept has jelled somewhat but the approach in the literature is still essentially American, with risk management, cost benefit and even prospective payment programs as main incentives. The Canadian approach is basically from the standpoint of patient care evaluations.

I was further struck by the implications the QA process would have on medical libraries in hospitals should such plans come into effect in its ideal, hospital-wide state, as envisaged by Rodger[2] and others in the early 1980's. These include:

1. Starting up a program would require the library to find out what other hospitals have done and whether it could be applied to your situation.

2. When the program was up and running, deficiencies found would generally be addressed through policy and procedure changes, and in-service education. The latter would impact on the library.

3. As new members were placed on the QA committees, whether hospital-wide or departmental, they would require an information package as introduction to the field and what will be expected from them. This will be especially true for new governing board members placed on the QA committee!

By deciding to get into the topic before other hospital departments did and before the formation of a QA taskforce we hoped to save our users from reading useless articles, overlapping with what someone else has already done, requesting the same interlibrary loan items at different times, etc. The review system that eventually took shape was relatively simple and required less and less of the library staff's time as it matured. It was based on a solid QA bibliography up to the end of 1983, this grew only by the addition of articles thought useful by the QA committee members as their interests grew and changed. Table 1 shows the way in which new items are added to the bibliography; Figure 1 is a sample review form; this is sent with each new article to a reviewer.

We feel that a system like this is necessary for the full utilization of new QA information. The 1983 cumulations of Index Medicus and particularly of Hospital Literature Index contain many more items under the **QA, Health Care** headings than in previous years, and growth of publishing in this area has not peaked. By having a review system, we found that:

- a time saving is realized for QA members and department heads; for every item of three or more pages reviewed by another member which is not accepted for the QA bibliography, one has saved one half hour or more of valuable study time;

- photocopying is limited to (usually) only one copy of each article, with the resultant savings of time and cost for the library;

- the library benefits by becoming more involved in direct patient care evaluation activities;

- the collection grows to accommodate the particular continuing education needs generated by the QA program.

Finally, this in-depth exposure to the QA literature makes it easier for the librarian to respond when the time comes to formulate the library's own QA plan.[3,4]

It is not feasible to evaluate this system yet but we hope to produce a short questionnaire at a later date to get input from users. These now include QA members and department heads from the Greater Victoria Hospital Society, the Royal Jubilee Hospital, Victoria General Hospital, Fairfield Health Centre (Geriatrics) and Gorge Road Hospital (Rehabilitation). Thus far, however, the consensus has been favourable. Most say they have saved time by having the articles easily retrievable, available for loan and already annotated as to their usefulness.

References

1. van Reenen, J.A. "Quality assurance: introduction to terminology and literature." Hosp. Trustee, 7(6), 1983; p. 18-21.

2. Rodger, C.Z. "A quality assurance program that is hospital wide." J. Am. Med. Rec. Assoc., 52(3), 1981; p. 109-115.

3. Kirchner, E. "Quality assurance at work: improving library services." Dimens. Health Serv., 62(1), 1985; p. 26-7.

4. Stanley, G.L. Quality assurance plan: medical library. Marion, IL: Medical Newsletter and Update Service Inc., 1981.

QUALITY ASSURANCE ANNOTATED BIBLIOGRAPHY

Procedure for Creation of Library Records.

1. Reading assignments: Books and journal articles for review.

   1.1 Assigned by QA Committee Chairman.
   1.2 Assigned by Librarian as a current awareness service.
   1.3 Items requested by QA Committee members.

2. Review sent to the Library.

   2.1 If a copy of the item is returned with the review it is added to the Vertical File (See 5.1).

3. Keywords assigned to reviewed items by the Librarian. (See APPENDIX I for Keyword List).

4. Copies of reviews are filed alphabetically under Author and under each assigned Keyword.

   4.1 Author copy will carry an indication as to whether the item is available in the Vertical File or in one of the libraries.

5. A photocopy of the article reviewed, if available, will be placed in the Vertical File, (V/F).

   5.1 This file is arranged chronologically, so that most recent articles will be at the back of the file. Within a particular year, items will be filed alphabetically by author.

* * * *

APPENDIX I List of Keywords.

Any number of keywords can be assigned to a reviewed item from each of the three groups:

Group I. Main interest group:
- Management
- QA Committee members
- Trustees
- Physicians
- Nurses
- Admission/Discharge
- General Interest

Group II. Particular hospital department(s) or hospital-wide.

Group III. Other topics:
- Audit
- Peer Review
- Nursing Standard(s)
- Implementation: step-by-step
- Implementation: case history
- Cost Effectiveness
- Continuing Education
- Goals & Objectives
- Criteria
- Screening Mechanism(s)
- Change Management
- Follow Up
- Accreditation, etc.

QUALITY ASSURANCE ANNOTATED BIBLIOGRAPHY

REVIEW

1. PAPER REVIEWED:

Author(s):

Title:

Journal Name:

Volume + issue: Pages: Date:

2a. RESEARCH STUDIES ONLY
(check one item in each column):

INFORMATION CONTENT:

___New, Major Importance
___Confirmatory, Major Importance
___New, Minor Importance
___Confirmatory, Minor Importance
___Little Value

VALIDITY OF RESEARCH:

___Valid
___Weak in some aspects (comment below)
___Invalid (Comment below)

2b. REVIEWS, EDITORIALS, OPINION PAPERS ONLY
(check items that best reflect your judgement):

1. ___Reflects new, important developments vs. ___Stale/Dated Content
2. ___Accurate vs. ___Inaccurate (comment below)
3. ___Complete vs. ___Important aspects missing (comment below)

3. OVERALL JUDGEMENT
(check one):

___Accept for bibliographic listing ___Reject.

4. SUMMARY OF PAPER AND REVIEWER'S COMMENTS:

5. REVIEWER: DATE:

KEYWORD(S):

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QUALITY ASSURANCE FOR HEALTH AND HOSPITAL LIBRARIES: GENERAL CONSIDERATIONS AND BACKGROUND

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INTRODUCTION

About five years ago, a new expression entered the vocabulary of health librarians; that new phrase was QUALITY ASSURANCE. Most librarians saw it for the first time in the July 1980 issue of the Bulletin of the Medical Library Association.[1] Canadian health librarians were made especially aware of the QA concept in 1983 when the Canadian Council on Hospital Accreditation (CCHA) introduced a requirement for all departments in Canadian hospitals to formally and officially establish procedures to evaluate the quality of their services and performance of personnel. The Canadian Health Libraries Association responded to the need for information on the subject by scheduling a day-long continuing education seminar on Quality Assurance at its annual spring meeting in Toronto in 1984. This paper is a summary of that course, with special emphasis on general considerations and background to QA in health care libraries.

The morning session was presented by Dr. Jack Williams, Faculty of Medicine of the University of Toronto, who contributed a theoretical (non-library) framework for quality assurance. He covered the concepts of **excellence, criteria,** and **effectiveness**, and traced the historical necessity of quality assurance as a cost control mechanism as well as a way of monitoring the competence of health-care providers.

The afternoon sessions focused on quality assurance in health care library settings. The presentations by L. McFarlane (Sunnybrook Hospital, Toronto), S.A. Gillespie (University Hospital, London, Ontario) and the author covered both background to QA as well as demonstrations of practical experience in developing and implementing QA programs in health care libraries.

TERMINOLOGY AND CONCEPTS: WHAT IS QA?

The elusive concept of quality assurance and its often confusing group of related terminologies demand some attention and careful analysis. A close reading of the literature demonstrates that the usage of terms such as **effectiveneness, criteria, audit, standards, evaluation, indicators, measurement, assessment, norms, outcomes,** and **processes** (to name just a few) is not always consistent. This specialized vocabulary and its various definitions or meanings lack clarity, are often controversial or conflicting, and, in the last analysis, depend upon the perspective of the individual writer. For this reason, librarians must realistically ensure that there is some concrete and tangible consensus on meanings when communicating with their administrators. As one example, "structure evaluation" turns out to be another way of expressing the pre-conditions or "input" elements which make a specific service possible. In terms of libraries, this translates as: collection size, materials selection, staff, space, facilities, budget, etc.

QA in the health library differs in one important aspect from QA for hospitals; while the latter is directly related to the quality of patient care, library services on the other hand remain one step removed from that relationship. The library and its services are only one component or variable in the educational strategy for improving the quality of health care. Optimum library services in any given health care setting can be equated only with a potential for high quality patient care, and in this sense, quality cannot be automatically assumed. QA for any kind of library can be characterized as: (1) how well the library service meets the expressed demands and needs of its users, and (2) how well the system performs in order to maximize availability and accessibility of health care information.

Finally, QA activities in the library answer the question: "HOW GOOD A JOB IS THAT LIBRARY DOING?". QA programmes serve the purpose of formally describing procedures and methodologies in order both to demonstrate whether or not we are doing a "good job", and to improve library services.

CANADIAN STANDARDS VS. AMERICAN STANDARDS

In the United States, the Joint Commission for Accreditation of Hospitals (JCAH) introduced their QA standard in 1979. The standards for the hospital library however surprisingly omit any requirements for inclusion in a coordinated hospital-wide QA programme. The only mention of quality is as follows:

> "To enhance the quality of library services offered the individual charged with responsibility for such services should participate as appropriate in relevant in-service and outside educational opportunities. This participation should be documented." [2]

The Canadian hospital library standards on the other hand state quite clearly that:

> "There shall be procedures established to evaluate the quality of library services and performance of personnel." [3]

The standard is accompanied by an "interpretation" and a questionnaire, both of which unfortunately have been found to be confusing and vague by most Canadian librarians. On the positive side however, the lack of precision in spelling out expectations for hospital libraries allows greater freedom to design and run customized QA programmes tailored to the individual situations and circumstances.

QA: BASIC ISSUES FOR HEALTH LIBRARIES

The foci of hospital libraries are the health care professionals who comprise the individual communities of potential and actual library users. The library's goal is thus the provision and availability of appropriate literature and information services to that community. Librarians approaching the task of designing a QA programme to evaluate the effectiveness of their goals and services eventually will come to recognize some major issues, questions, and problems which demand coming to terms with. These can be summarized as follows:

1. How best to understand and relate QA for the library to QA for the rest of the hospital.

2. How to understand and relate the hospital's QA programme to library functions and activities.

3. The problems of scientifically evaluating how effective the provision of biomedical literature has been to the health care provider.

4. How the one-person library can conduct QA activities.

5. How far you can go in equating quantitative criteria with quality of service.

6. How to interpret the CCHA standards and questionnaire.

7. The absence of meaningful and concise criteria for library functions.

8. How to decide where to begin and what to evaluate.

9. Lack of consensus on what QA in the library means.

10. Lack of agreement in the literature of librarianship on what the concept of effectiveness means, as well as lack of agreement about methodologies to measure or evaluate library effectiveness.

THE LITERATURE OF QA

The occupational inclination for librarians to "look to the literature" demands some attention here, especially since the volume of literature on QA is immense and still growing. The previous issue of Bibliotheca Medica Canadiana reviewed some of the more important articles on QA in general,[4] while the selective bibliography developed for the CHLA course in Toronto in 1984 covers both QA in health care settings as well as articles specific to QA for hospital libraries. The latter is available on request.[5] A review of the literature for librarianship becomes a voyage of discovery as it soon becomes clear that librarians as part of their professional commitment have intuitively assured quality all along, just as it has been "discovered" that other health care professionals have been exercising QA by means of "audits", "peer reviews" and other activities under a disguised vocabulary. The difference seems to be that few librarians recognized their activities in the context of QA and even fewer have ever formally described their procedures and methodologies in the manner required by the CCHA.

QA in the literature of librarianship is disguised as "user studies", "user satisfaction", "performance measures", "library effectiveness", "evaluation of library services", and so on. Most of the literature however is sophisticated; the studies done and the techniques described have required a larger staff and set of resources than most hospital libraries can manage. The challenge for hospital librarians is to use and adapt the information gained from these studies to their own situations.

BASIC APPROACHES TO QA FOR HOSPITAL LIBRARIES

A first step in establishing a QA programme for the health care library is to decide upon the framework, orientation, or approach most appropriate to individual library circumstances. One such framework is the comprehensive hospital-wide QA programme. With this fairly structured approach, the implication for the librarian is that the programme, which has already been designed and organized by a special QA committee or coordinator, is imposed upon the library. The hospital-wide approach will be looking at the hospital as a total system, or a series of interrelating

systems, and will have as its focus and objective the improvement of patient care. The more structured the programme is, the greater is the difficulty for the librarian to participate and to integrate the QA plan for the library with the comprehensive hospital-wide programme. In a less structured situation, the librarian may be requested to identify a problem or problems specific to library operations and services, and to assess, evaluate, and improve the situation. Here, the librarian has some freedom to adopt an approach or combination of approaches best suited to the circumstances. There is, however, a requirement to carefully record and document the plan chosen so that it can be easily integrated into the hospital-wide QA structure.

A second approach is to use the various current standards for hospital libraries as criteria for quality. This answers the question "How do you measure up?" Although this may be the easiest method, pragmatically, it is not necessarily the best, since both qualitative and quantitative standards, once developed and published, usually become controversial and lose credibility when compared with each other.

Standards are classed as being either quantitative of qualitative. They represent established criteria against which actual results or performance can be measured. Quantitative standards present specific and clear criteria which usually spell out minimum requirements. Qualitative standards, on the other hand, are more descriptive and philosophical in nature. Some standards are accompanied by an assessment or evaluative component in questionnaire format which functions as an auditing tool to assist the librarian in determining whether or not the library complies with the standard, and, by implication, denotes the presence or absence of quality. Standards have also been developed for certain types of health libraries, such as Mental Health Libraries, as well as for specialized functions such as reference services.

The controversy over standards focuses on the issues of (1) unspecified performance criteria, (2) a greater concern with "input" rather than "output", and (3) disregard for the unique characteristics which differentiate one library environment from another. On the positive side, however standards may differ, there is still an element of authority which represents the aggregate experience of the professionals and experts behind them. Quantitative measures must also be seen to have very definite implications for quality assurance; for although it is possible to have quantity without quality, it is usually not possible to have quality without some defineable quantity.

A third framework for QA in health libraries can be characterized as the use of managerial techniques to evaluate, assess and improve library structure, operations, and services. This method encompasses methods such as personnel appraisals, management-by-objectives, policy and procedure manuals, performance budgeting, zero-base budgeting and cost effectiveness/cost benefit analysis. Since the use of the management-by-objectives (MBO) technique answers the question of "How do I know if I, we, or it (the library) is performing effectively?", this approach may be the most satisfying to pursue. The essence of MBO is the setting of goals or objectives which must be linked closely to quality criteria to have any meaning for a QA programme. To this end, performance indicators and standards must be developed in order to transform "fuzzy" or abstract and long-range goals into short-range, concrete, realistic, and tangible objectives. Although MBO is traditionally viewed as a management tool, one step further takes it out of this arena and transforms it into techniques and criteria for assuring the quality of library services.

The final approach in this tour of QA for health libraries is the traditional one of the measurement and evaluation of library effectiveness. The literature of librarianship fairly teems with the background information necessary to provide the stimuli and ideas for individual approaches using these techniques.

Although most articles deal with larger library systems, with some thought and imagination the general principles can be applied to any library situation. The issue of effectiveness however is as controversial as is the use of standards; serious and objective attempts to evaluate the quality of library operations have been inhibited by the belief that the end products (outcomes and benefits) of information services were by nature unmeasureable. The old quantity vs quality argument also enjoys as high a profile within the "effectiveness" framework as in other approaches, and the hurdles of adequately defining the concept of "effectiveness" seem almost insurmountable.

The measurement approach to evaluation of library services, activities, and performance is comprised of a number of varied technologies and methodologies as well as a variety of foci such as (1) input/throughput/output measurements, (2) specific problem identification and study, and (3) "end-product" studies.

There has been considerable support recently in the literature of medical librarianship for the "specific problem" approach [6,7] and this appears now to be the easiest technique to use. Evaluation of library effectiveness in terms of output, outcome, or output measurements usually takes the form of end-user or user-satisfaction studies. An important factor to consider in connection with these studies is that the user population includes both potential (or non-users) as well as actual users. A second factor concerns their bibliographical needs which librarians spend their energies trying to identify and satisfy. These must be recognized as unexpressed needs and can only realistically be identified when they are translated into the actual demands which are made on library services. The bottom line here is that user-satisfaction surveys will be concerned only with measuring how well a specific library service satisfies the demands of the users. Unexpressed needs of both non-users and users will remain both unidentified and unfulfilled.

This paper has attempted to introduce the theoretical background to QA in health care libraries and to summarize some approaches to planning and implementing QA programmes in order to meet the requirements of the CCHA standards.

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QA: A PERSONAL PERSPECTIVE

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WHAT IS QUALITY ASSURANCE?

This question has been answered for us by the Canadian Council on Hospital Accreditation:

"What exactly is quality assurance? It is the establishment of hospital-wide goals, the assessment of the procedures necessary for the continuous monitoring and achievement of these goals and, in the case of identified deficiencies, proposals and implementation of solutions to attain these goals. Quality assurance is also the organization of the resources of the facility to attain the goals stated in the Mission Statement and a continuous, internally-administered and ongoing examination of the efficiency and effectiveness of the facility in achieving its goals within the constraints imposed upon it."[1].

Major components would therefore appear to be:

a) Setting of overall goals.
b) Ongoing assessment of procedures to ensure that they are effective and efficient; i.e. accomplish what they are intended to accomplish while using up the minimum of resources.
c) Identifying and rectifying of problems or deficiencies.

Within these overall goals each hospital is free to establish methods and priorities that fit its individual circumstances.

For instance, Sunnybrook Medical Centre, a 1200 bed teaching hospital in Toronto, where I work, established an overall Quality Assessment Criteria Framework which all departments are required to follow. The components of the framework are:

Technical -- Equipment

Operational -- Procedures; compliance with Procedures Manual

Patients/Users Satisfaction -- Questionnaire

Utilization -- Appropriate use of service

Personnel -- Qualifications
-- Performance Appraisals
-- Turnover
-- Continuing Education

Interdepartmental -- Provision of required service
-- Meetings

Documentation -- Policies and Procedures
-- Accuracy, Timeliness

Safety -- Employee incidents
-- Attendance at fire lectures

External -- Papers accepted
-- Contacts with external groups who influence department function.

DOES QA APPLY TO A LIBRARY?

Can this framework possibly apply to a library? This question was answered for me by my middle management colleagues at a Sunnybrook workshop in June 1983 where they could identify all kinds of outputs that the library should be able to provide for its patrons: competent staff, low noise level, appropriate lighting, staff meeting deadlines, etc.

HOW I STARTED

One of the first things I did was to fill out an accreditation questionnaire[2] and the questionnaire in the Albany Manual[4] as I would have done had the accreditation team been coming. This provided a focus and helped to identify what the problem areas might be. I also drafted my own list of potential problems.

So far I have been able to write an overall goal, which is necessarily very general, and establish more specific goals and potential problems for each of the main criteria, e.g.:

Personnel

Objectives	Potential Problems
1. To ensure that the Health Sciences Library has adequate classes and number of staff to meet accreditation requirements and service demands.	1. Staff may not increase, as workload increases.
2. To ensure that all library staff have the skills, training, and motivation to perform the jobs assigned to them.	2. Employees may not continue to upgrade skills in a changing work environment.
3. To ensure that the classification and compensation of all employees is commensurate with duties performed.	3. Staff classification may not adequately reflect complexity of jobs performed.
4. To ensure that employee absence will not interfere with the running of the department.	4. Absences or staff turnover may interfere with efficient running of the department.
5. To ensure stability of employee tenure.	

PROBLEM SOLVING

Identifying potential problem areas proved to be relatively easy. How does one go about solving them? Again, we were given help in the introductory workshop of June 1983. Our methodology is:

1. Choose a topic.
2. Set objectives to define or focus the study.
3. Establish criteria to service measures against which actual performance can be evaluated.
4. Retrieve data using an appropriate tool to ascertain compliance with the criteria.

5. Analyze the data to determine the cause of the variations.
6. Take action to correct the variations.
7. Follow-up to ensure that the action taken improves the performance.[3]

Our instructions for wording a "standard" were to express frequency in terms of 0% or 100% but then to list exceptions for legitimate circumstances that prevent achievement of the standard. For example, one of our standards for interlibrary loans is:

"All interlibrary loan requests will be filled within 48 hours"

However, we make a legitimate exception for items we can only obtain from out-of-town, which often takes weeks to arrive. The rationale for this approach is that if you aimed at, say 80% effectiveness and did not examine the 20% of cases where you did not meet the standard, you might miss a subgrouping within the 20% that you could improve. For instance, in the case of interlibrary loans you might improve delivery if you phoned some libraries in the morning instead of the afternoon.

However, your QA coordinator may well take another approach.

MEASURING AGAINST STANDARDS

One of my major frustrations in this process has been the lack of ready - made standards by which to measure, e.g. how many ILL's ought one to be able to obtain in 48 hours? Because there are so many variables involved, including the proximity of a large library willing to lend, it is difficult, if not impossible, to generalize. I judge the excellence of our performance by comparing how we are doing today with how we have done in the past and trying to identify what might be causing any discrepancies. Then I consider if we can influence or counteract any factors that may hamper our performance.

Wording the standards so that they are measurable is also a challenge. Whenever possible, I try to identify something I can count, e.g.:

"Equipment in the Health Sciences Library will require no servicing." Since most servicemen leaves some written record of a call, I can count these records.

"Health Sciences Library staff members will have no lost time accidents." I can count from records which I have to keep for other purposes.

"All cataloguing will be done consistently." I made up a test sample of six items which was completed independently by all staff who catalogue, and then I counted the discrepancies.

One of my standards which was deemed not precise enough was:

"There will be no health hazards ascribed to using word processor."

As an alternative, I found an article which defines desirable characteristics.[5] From this I compiled a check list. I can now count how many criteria on the check list we meet.

A major area I am addressing now is performance appraisal. I have always been uncomfortable with methods which are based on labelling people, or are based on the boss's subjective opinions of how much judgment, reliability, accuracy, etc., the employee exhibits.

I am now embarking on writing performance standards for each item in all library staff job descriptions, for example standards for online searching would read:

Performance is satisfactory when...

-- relevance and recall of citations retrieved is highest achievable and meets user's requirements,

-- search is run before users' deadline,

-- search is run correctly the first time using minimum machine time, and

-- data bases which yield the highest relevant retrieval are chosen.

I think that these performance standards will be easy to reword into criteria for QA purposes.

WHAT BENEFITS CAN ACCRUE FROM QA?

Each hospital librarian will have to develop a QA programme because it is being demanded of us. However, as I have worked on my programme, I have tried to approach it so that some benefits will accrue to me; if I am going to do all this work, I might as well get something out of it.

First of all, we are forced to think about what we are trying to accomplish and how we know whether we are accomplishing it or not. We are forced to be consistent in measuring what we are doing; major beneficiaries at this approach will be our staff, to whom we will have to communicate exactly what is expected of them and exactly how their performance will be measured.

Many hospital libraries operate with insufficient resources, be they budget, space or personnel. QA give us a tool for identifying the consequences of these deficiencies.

Finally, it is essential to remember that continuous monitoring is an intrinsic part of the QA exercise. Continuous monitoring can give us a "distant early warning" system to alert the librarian to impending crises before they happen.

A well-constructed QA programme can help us come to grips with what quality library service is and how well we are succeeding in providing it.

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MOTION DE L'ABSC/CHLA AU SUJET DE LA DISCRIMINATION

ADOPTÉE PAR LE BUREAU DE DIRECTION EN SEPTEMBRE 1984.

A. Le Bureau de direction de l'ABSC/CHLA réaffirme que l'adhésion à l'Association et les services de celle-ci sont offerts à tous sans distinction, exclusion ni préférence, sauf que l'Association peut réduire la cotisation des étudiants dûment inscrits à plein temps.

B. De plus, le Bureau réaffirme l'engagement de l'Association en ce qui concerne les droits universels de la personne. Par conséquent, l'Association ne fait pas sciemment affaire avec des entreprises ou organismes qui établissent une discrimination axée sur la race, la couleur, le sexe, l'état de grossesse, l'orientation sexuelle, l'état civil, l'âge, la religion, les convictions politiques, la langue, l'origine ethnique ou nationale, la condition sociale, un handicap ou le recours à des moyens antihandicap, ou sans un motif raisonnable.

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EDUCATION COMMITTEE NEEDS MEMBERS

The Education Committee is looking for new members for 1985-87. We would particularly like representation from Quebec and British Columbia. The 1985-87 committee will be concerned with CHLA course development and certification for the annual meetings in Montreal and Vancouver and with the results of a continuing education needs analysis which will be carried out this summer.

If you would like to join this committee, please contact:

Le Comité de perfectionnement est à la recherche de nouveaux membres pour 1985-87. La présence de représentants du Québec et de la Colombie britannique serait appréciée. Le comité 1985-87 s'intéresse à l'élaboration et la certification des cours de perfectionnement aux réunions annuelles de Montréal et Vancouver, et aux résultats de l'analyse de besoins qui sera effectuée durant l'été.

Si vous désirez participer à ce comité, vous êtes prié de communiquer avec:

Margaret Taylor
Chairman, Education Committee
Présidente du Comité de perfectionnement
559 Rivershore Crescent
Gloucester, Ontario
K1J 7Y9

Tel: 1-613-748-3957

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QA DO'S & DON'TS :

OR

POINTS TO CONSIDER WHEN DESIGNING A LIBRARY QUALITY ASSURANCE PROGRAM

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In recent years we have been bombarded with the concept of quality assurance and a host of terms which are new, confusing, and variously defined. Now health libraries are being required to set up and operate quality assurance programs for their libraries. Having gone through periods of panic, frustration and despair during the implementation of such a program, the following points, gleaned from experience, are offered in the hope of preventing these feelings in others about to embark on the same venture.

Before designing a quality assurance program, it is good to understand what quality assurance is, why it is being done and what might reasonably be achieved. Quite simply, a quality assurance program is a management tool which uses formal monitoring techniques to identify and assess the quality of a product. In the health care setting, the product is the care and service provided to patients; in libraries quality assurance measures the service provided to users and the procedures which provide the service. One of the major ways a quality assurance program does this is to identify and correct deficiencies in the service. Once the deficiencies are corrected, the service is improved and quality has been assured.

If an institution has a quality assurance program or policy, the coordinator, committee or whoever is in charge should help in setting up the library QA program. Remember - Librarians know more about libraries and how they should operate than any quality assurance expert ever will or will want to know. The principles of quality assurance are basic and can apply to any situation or operation. The actual procedures for each program must, however, be designed individually to fit each situation. A nursing quality assurance program will not work in a library any more than a medical school library quality assurance program will work in a small community hospital library. But, the principles behind each program will be found to be identical however widely the programs differ.

There are three terms that are essential to understand when embarking on a quality assurance program as they are the keystones to measuring quality. They are criterion, standard and norm. A criterion is a value free statement of a variable or characteristic that is believed to be a relevant indicator of quality. A standard is the desired and achievable level or range of performance for a specific criterion, always expressed in actual numbers or as a percentage. A norm is the actual measured level of performance for a criterion.

Experience indicates that a lot of frustration can be avoided by keeping the following seven points in mind:

1. Nothing can be measured without reference to some sort of gauge or standard.

2. It is much easier to measure tangibles such as work flow (process criterion) than intangibles such as user satisfaction (outcome criterion).

3. There is not much point in basing criteria on procedures beyond the library's control, such as those dependent on other departments, publishers, Canada Post, etc.

4. Keep criteria clear, concise, containable and measurable.

5. Consider criteria applications in relation to the quality of the library service as a whole as well as to the specific task. Most library procedures interrelate with one another to some extent.

6. If the norm equals the standard, either what is being measured is perfect (unlikely) or the standard is too low. If the norm is significantly lower than the standard, either the service is appalling (unlikely) or the standard is unrealistically high.

7. In order to assure quality of an entire library service, a great many criteria must be measured and analysed. Start small: pick one at a time and begin with the straightforward, easily measurable ones so as not to become quickly overwhelmed by the complexities of the process.

To apply the three keystones of quality assurance to libraries:

I. Think of a criterion as the aspect of the service that is to be measured.

There are three kinds of criteria:

a) Structure - what goes into making a library; its staff, equipment and collection.

b) Process - what goes on in the library; the work of technical and public services.

c) Outcome - the effect the structure and process have on library users. Do they get what they want quickly, accurately, completely? Do they get what they need even if they do not know until they get it that they need it?

From this it can be seen that structure and process are much easier to measure objectively and accurately than outcome. However, without measuring outcome, there is not much to be gained from measuring structure and process to assure quality of the service as a whole. Outcome is largely subjective but it is the only way to measure how good the service being provided is from the user's point of view. And, after all, serving the user is the library's sole purpose for existence.

II. Think of a standard as a specific statement of an expected level of performance.

If the standard is achieved, quality is assured in the particular criterion being measured. How should a standard be determined? This is not as straightforward as identifying a criterion. There are guidelines called standards published by various organizations, such as Canadian Council on Hospital Accreditation, Joint Commission on Accreditation of Hospitals, Medical Library Association, Special Library Association: By necessity, these are general, not always applicable to a specific situation, and they tend to reflect minimum acceptable rather than optimum levels of structure, process and outcome. Where, then, to get standards for quality assurance? Begin with the published ones but use them only as minimum, very general guidelines. Consider then your own situation, those of colleagues in similar institutions, your own experience, and above all, your own intuition. What do you think the performance level should be? Be careful; your ideals

may be well above the capacity of your situation. Do not throw them out because of that but do realise that you will have to work toward them gradually. Begin with the practical reality and progress toward the ideal.

III. Think of a norm as the measurement of what is actually being done. To obtain the norm, measure the criterion over a set period of time at regulated intervals. The norm is what is, as opposed to the standard which is what should be.

Let us see how all these theories, principles and definitions come together by working through an example to see how to put a quality assurance study into operation, and to observe some of the kinds of problems that can be encountered. Figure 1 is a sample of a quality assurance report based on processing.

CRITERION: (see Table 1) As the name implies, "Processing" is a process criterion. It was measured because it is a technical service function which directly affects public services. It is an area of work that is almost entirely under the department's control. Therefore, if something goes wrong, something can be done about it. It is an area of work which, in a hospital library at least, is sufficiently sporadic in nature that its procedures tend to take second place in priority to procedures carried out daily, especially at times of extra workload and/or staff shortages. By measuring this work area we expect to identify stages in the process at which delays occur and identify the situations or factors which cause the delays. Both of these must be understood before improvement in the system can be made.

You will notice that the criterion is broken down into five sub-criteria, each representing a stage in the work flow. Each could be measured and reported separately but together they give a much more graphic picture of the whole process. Two points may occur to you; "acquisition" is omitted as a sub-criterion for two reasons. It is a detailed procedure in its own right and would confuse rather than clarify the processing picture. Also a significant portion of the process is outside the library's control, especially the time taken by the Management Committee to approve purchase and the time it takes to receive the item once it has been ordered. The fifth sub-criterion is also omitted from the actual processing quality assurance report for the first reason given above. It is included in this example merely to indicate the connection between technical and public services. It is all very well to get a book on the shelf quickly and to ensure that it is properly catalogued, classified and labelled, but if there is no card-set for it in the catalogue, nor an announcement in the new book list, who will know that it is there and be able to use it?

STANDARD(s): These are expressed in terms of specific parameters and percentages of expected compliance. Note that #5 is the only standard that does not demand 100% compliance within the time limit. The reason in this instance is that part of the card production process is carried out by another department over which the library has no control and which sometimes, at totally unpredictable intervals, manages most effectively to demolish an entire batch of card-sets which then have to be re-done. It is all right to have less than 100% compliance in a standard if the situation calls for it.

TABLE 1

University Hospital — London, Canada

QUALITY ASSURANCE PROGRAM — DEPARTMENTAL/COMMITTEE REPORT

DATE: 1984

DEPARTMENT:	MANAGER:	COMMITTEE: or	CHAIRMAN:
Library Services	S.A. Gillespie		

CRITERION (Record one criterion/Report Form)	STANDARD(S)	NORM	MONITORING MECHANISM (Tool — Frequency — Responsibility)
TECHNICAL SERVICES: PROCESSING	100% of books searched, catalogued and processed within 5 working days of receipt.		Dates entered at head of worksheet accompanying book in process by person responsible for each phase. Dates logged at end of process by technician. Log tallied and variances analysed monthly by technician. Results reported quarterly to manager.
1. Bibliographic searching	100% of books searched, within two working days of receipt.		
2. Cataloguing	100% of books catalogued within one working day of searching.		
3. Processing	100% of books processed within one working day after cataloguing.		
4. Delivery	100% of books delivered (on shelf or to dept. within one working day after processing.		
*5. Cardset	90% of Cardsets filed in catalogue within 14 days of recepit.		

ACTION TAKEN TO IMPROVE NORM:

Variances are discussed quarterly at staff meetings. Problem areas are identified. Solutions are sought and applied. If no solution is possible the standard is reevaluated.

[FIG. 1]

NORM: Each item processed is counted and the time actually taken for each stage is measured against the standard, then expressed as a percentage of total compliance. Once the norm is established it is possible to analyse the quality of performance. If the norm is always 100% of the standard, either the standard is too low or quality is assured. If the standard is realistic for the situation and cannot reasonably be raised, relax and reduce the frequency of monitoring to spot-checking at odd intervals until such time as the norm slips below the standard. If the norm is significantly below the standard, either the standard is unrealistically high or a problem has been found. It will then be necessary to analyse the problem. Since the criterion is broken down into stages in the process, it is possible to identify immediately where the problem is and, probably, what it is. Once these two things have been done the solution is almost at hand. If it is insoluble, or beyond the library's control, lower the standard.

Processing work flow is measured on a processing worksheet which accompanies the book from the time it is received until it is delivered to the library shelf or to the department or individual ordering it. Along the top of the form is a series of boxes which are filled in with the date completed at each stage of the processing work flow. Then the monitoring mechanism described in figure 1 is followed.

If factors causing norms to be below standard are beyond the library's control but within that of the institution, this type of quality assurance report is a very useful lever to use with the administration. If the analysis is done objectively, carefully and consistently, it will convince the administration of what should be done, why it cannot be done, and that only the administration can provide the solution. Alternately, if the factors are within the library's control, the quality of the manager in locating and solving problems within the department has been ably demonstrated.

Quality assurance is neither an esoteric mystery nor the latest management game and buzz phrase. It is a practical and useful tool which enables any manager in any field to measure and ensure quality to the limit of the facilities available and to provide a lever for obtaining facilities required to improve quality to the identified level.

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TRADUCTION FRANÇAISE DU VOCABULAIRE MESH

PAR: LOUISE DESCHAMPS
PRÉSIDENTE DU GROUPE D'INTÉRÊT DES BIBLIOTHÈQUES DE LA SANTÉ DE L'ASTED

Au mois de février dernier nous avons contacté le docteur Paulette Dostani, directeur de l'IMA, afin de savoir quand paraîtrait la traduction française du vocabulaire MeSH. Celle-ci nous a répondu que ce travail n'était pas achevé mais qu'elle espérait tout de même nous donner de plus amples informations concernant la publication de cet ouvrage (date et conditions de mise en vente) d'ici quelques mois. Nous vous donnerons donc des nouvelles dès que nous en serons informés.

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FROM THE HEALTH SCIENCES RESOURCE CENTRE

COLLECTION DEVELOPMENT IN THE HEALTH SCIENCES AT CISTI

- MARILYN E. SCHAFER
HEAD, HSRC

The needs of Canadian researchers for scientific and technical information was recognized back in 1916 by the founders of the National Research Council. Thanks to the Council's early foresight and continuing commitment to building an adequate national collection, today's researcher has a 90% chance of finding any journal article, book, or technical report he or she may need by using CISTI services.

CISTI collects all significant scientific, technical, and medical journals and conference proceedings regardless of language or country of origin. Books are purchased selectively, to ensure representative coverage of all major subjects.

One position in HSRC acts as liaison with the Acquisitions Section, suggesting new materials for purchase and screening new books received for the identification of items pertinent to the health science Reference collection. In addition, one position in the Document Delivery Section, the ILL/Acquisitions liaison, is largely devoted to ensuring that the collection is kept current and relevant to changing research priorities by careful monitoring of loan and photocopy requests, received at the rate of 1100 per day.

CISTI's Acquisitions Section centrally co-ordinates collection policy, budget preparation, selection, and other related activities. One of three Acquisitions librarians has the duties of and is responsible for ensuring that CISTI materials serve the requirements of the clientele, partly through request surveys.

Publishers' catalogues, advertising, acquisitions lists from other large libraries and the NLM catalogue are all used as selection tools. As well, HSRC uses the "No Canadian Locations List", which is a by product from Canadian Locations of Journals Indexed for MEDLINE, to identify gaps in the collection and to recommend titles for purchase to the Acquisitions Section.

CISTI wishes to be informed when a unique serial in any scientific field is cancelled, but the decision as to whether or not CISTI will subscribe is made title by title. We do not usually subscribe to newsletters or periodicals of local subject interest from developing countries. CISTI collects back runs of periodicals as a matter of course, but does not collect historical material generally.

Any suggestions or questions you have regarding the health sciences collection at CISTI should be directed to the Health Sciences Resource Centre at (613) 993-1604.

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DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

ÉLABORATION DE LA COLLECTION EN SCIENCES DE LA SANTÉ À L'ICIST

- MARILYN E. SCHAFER
CHEF, CBSS

Les fondateurs du Conseil national de recherches ont reconnu dès 1916 les besoins des chercheurs canadiens en matière d'information scientifique et technique. Grâce à cette prévoyance des premiers instants du Conseil et à l'engagement soutenu d'élaborer une collection nationale acceptable, le chercheur d'aujourd'hui peut trouver dans 90% des cas l'article de revue, le livre ou le rapport technique dont il a besoin en utilisant les services de l'ICIST.

L'ICIST conserve toutes les publications en série et les comptes rendus importants de conférences dans les domaines scientifique, technique et médical quel que soit la langue ou le pays d'origine. L'achat de livres se fait de façon sélective afin d'assurer une couverture représentative des principaux domaines.

L'un des membres du personnel du CBSS assure la liaison avec la section des acquisitions et recommande l'achat de nouveaux ouvrages et dépouille les nouveaux livres reçus afin de déterminer les documents pertinents à la collection de référence des sciences de la santé. En outre, un membre de la section de fourniture de documents, qui occupe le poste de liaison entre les acquisitions et les PEB, doit pour l'essentiel s'assurer que la collection est à jour et pertinente face aux priorités changeantes de la recherche en dépouillant soigneusement les demandes de prêts et photocopies reçues au rythme de 1100 par jour.

La section des acquisitions de l'ICIST assure une coordination centrale de l'élaboration de la collection, de la préparation du budget, du choix des ouvrages et des autres activités connexes. L'un des trois bibliothécaires des acquisitions doit s'assurer que les ouvrages de l'ICIST répondent aux besoins de la clientèle, grâce en partie par l'analyse des demandes reçues.

Les catalogues d'éditeurs, la publicité, des listes d'acquisitions d'autres grandes bibliothèques et le catalogue de la NLM constituent tous des outils servant au choix des ouvrages. En outre, le CBSS utilise le "No Canadian Locations List", qui est produit à partir des "Dépots canadiens des revues indexées pour MEDLINE" afin d'identifier les points faibles de la collection et de recommander l'achat de certains titres au Service des acquisitions.

Par ailleurs, l'ICIST désire être informé lorsqu'un abonnement unique à un périodique dans n'importe quel domaine scientifique est annulé. Cependant, la décision à savoir si l'ICIST s'abonnera ou non est prise cas par cas. L'ICIST ne s'abonne habituellement pas à des bulletins d'information ou des périodiques d'intérêt thématique local des pays en voie de développement. L'ICIST collectionne automatiquement les anciens numéros de périodiques, mais ne conserve généralement pas les documents d'intérêt historique.

Toute suggestion ou question concernant la collection en sciences de la santé à l'ICIST doit être adressée au Centre bibliographique des sciences de la santé au (613) 993-1604.

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ANNUAL REPORTS: CHLA CHAPTERS AND COMMITTEES

HEALTH LIBRARIES ASSOCIATION OF BRITISH COLUMBIA

SUBMITTED BY:

CATHERINE RAYMENT, PRESIDENT

Members of the HLABC have had a busy and productive year. Three meetings have been held since September, two of which were educational evenings. - Featured speakers were: Peter Simmons, Professor of Library Science, UBC who spoke about "CompuLine", a database intended to help librarians break into the computer age; and George Zizka, Librarian at the Victoria General Hospital, who demonstrated some of the uses his Library has made of minicomputers. In addition to these regular meetings, many of our members attended the fall meeting of the Pacific Northwest Chapter of the Medical Library Association, in Seattle.

Our Consumer Health Education Committee completed a revision of its' "Consumer Health Bibliography" in early March, and we hope to distribute it to libraries across the province.

We are also in the final stages of producing a Union List of Serials for Health Libraries in B.C. Most of the participating libraries have sent in their lists to McAinsh and Co. Ltd., for keying, and we expect to have the project completed before summer. This is the culmination of several years of hard work by the Union List Committee, and I would like to take this opportunity to express our gratitude for all its effort.

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MANITOBA HEALTH LIBRARIES ASSOCIATION

SUBMITTED BY:

MICHAEL TENNENHOUSE, PRESDIENT

1984/85 Executive: Michael Tennenhouse (President)
Ada Ducas (Vice-president, President elect)
Love Negrych (Secretary)
Dale Nelson (Treasurer)

Membership: As of March 25, 1985, there were 58 members: 27 personal, 29 institutional and 2 associate. This represents an increase of 1 compared to last year, with 5 new members on board and 4 who did not renew.

Highlights of activities:

Two general meetings have been held to date. At our October meeting, Doris Pritchard (University of Manitoba-Neilson Dental Library), highlighted her experience working for three months at the University of Tanta Dental Library in Egypt. Many thanksto Doris for an excellent presentation.

The January meeting was held at the recently refurbished St. Boniface Hospital School of Nursing Library and featured Ralph Schilling, architect with Smith-Carter Partners, who discussed library planning and design.

Our annual spring general meeting will take place April 20 in conjunction with the first Manitoba Joint Library Association Conference. Seven Manitoba library groups are involved. As MHLA contribution to this joint venture, Alan Rees (Case Western University), has been invited to lead a workshop on Evaluating Consumer Health Materials. The concept of a provincial joint conference is a new one to Manitoba and we look forward to its success.

Again this year MHLA will be sponsoring a session at the annual Manitoba Health Organization conference, April 10. Dr. Bryan Tanney, from the Suicide Information and Education Centre, Calgary, will speak about the information centre, its development and role.

A purely social gathering of MHLA members has also been planned for June.

MHLA's Union List of Serials, 1985 Edition was released in February. Restriction of sales to only MHLA members has been removed. The price for Non-MHLA members has been set at $25.00.

A new MHLA brochure was produced and distributed in the Fall.

The WHINET (Winnipeg Health Information Network) Task Force has met regularly this past year in an attempt to seek out funding sources to expand the WHINET project into a permanent service. The original trial project, coordinated by Judy Inglis, has been given extended funding by the Winnipeg Foundation, but will end in June. Although several grant applications have been submitted and several sources appear hopeful, no definite responses have yet been received.

Based on an initial survey of hospital library manpower prepared last fall by Kathy Eagleton, an expanded MHLA-sponsored manpower survey is in the offing next fall. This project was partly motivated by the suspension of the annual Manitoba Health Manpower Provincial Report to which MHLA has been contributing in the past.

No new edition of Selected Books & Journals for Manitoba Health Care Facilities was published this year. A modular publishing format will be attempted next year, coordinated by the University of Manitoba Extension Librarian and the Editor of MHLA News. Specific sections deemed to be most needed will be updated on a regular basis in the MHLA News. The first part, planned for the Summer or Fall, will be on Geriatric Care.

MHLA members unanimously approved a motion to invite MLA to hold its 1990 conference in Winnipeg. A letter of invitation was sent out in the Fall. No acknowledgement has been received to date.

Nominations for next year's executive have been completed with two members running for the Secretary and Treasurer positions respectively. The Vice-president position will be assumed by Doris Pritchard by acclamation.

I would like to thank all MHLA members who actively worked on the above and other ongoing activities. My job as president was made that much easier by their efforts.

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MONTREAL HEALTH LIBRARIES ASSOCIATION

SUBMITTED BY:

ARLENE GREENBERG, PRESIDENT

The Montreal Health Libraries Association, hereafter referred to as MHLA, has had a busy and fruitful first year.

Our membership consists of 71. Three meetings will be held this year. Our first meeting was held in September 1984. Our guest speaker was Ms. Hanna Waluzyniec, Head of Reference, McGill Medical Library. Hanna's presentation was on the "Reference Interview". Her talk was most informative and lively. Our second meeting was held in March 1985. This was a business meeting to discuss changes in the constitution and the production of a Union List. The Union List Committee has been formed and McAinsh & Co. have been selected to produce the list. If the membership agrees on the details, we will start production by the summer.

An evening on Consumer Health Information was jointly sponsored by the Quebec Libraries Association, Public Libraries Section and MHLA. Our distinguished panel consisted of Alan M. Rees, author of Consumer Health Information Sourcebook (2d ed. N.Y., Bowker, 1984), Margaret Taylor, Doctoral Candidate, Faculty of Library and Information Science, University of Toronto and Joanne Marshall, Doctoral Candidate in Community Health, University of Toronto. We were treated to a slide and talk presentation with a lively discussion period following. It was a very educational evening and we all went away knowing much more than when we came in. IPI Publishing Co. was present as an exhibitor in the field of consumer health.

To bring MHLA's first year of activities to a close, our Annual Meeting will be held in the first week of May. A banquet dinner is planned and our guest speakers will be Professor Miriam Tees and Professor John Leide of the McGill Graduate School of Library Science. Their slide presentation will be on the IFLA meeting held in Kenya.

News Items:

1. MHLA will be the host of next year's CHLA Annual Conference. Hanna Waluzyniec will be Conference Chair. We are looking forward to welcoming everyone to Montreal.

2. New Officers for 1985:

President:	Nominations -	Ms. Angella Lambrou Mrs. Claire Kelly
*Vice-President/ President Elect		Mr. Louis-Luc Lecompte
*Treasurer		Ms. Irene Shanefield
*Secretary		Ms. Janet Joyce
Past President		Ms. Arlene Greenberg

*By acclamation

Finally, I wish to thank both the executive and the membership for their participation in making this year a productive and interesting one. I look forward to continued participation in MHLA next year as Past President.

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NORTHERN ALBERTA HEALTH LIBRARIES ASSOCIATION

SUBMITTED BY:

LEA STARR, VICE PRESIDENT

A local careers fair a few years ago provided the impetus for the formation of the Edmonton Health Libraries Group. Some of the insightful hospital librarians felt a booth on hospital librarians should be included in the displays. Discussions and planning led to the formation of the group, which has continued to grow in size and has undertaken several projects valuable to the health sciences community. Further, the group has provided a forum for the communication of ideas among the health libraries in the northern part of the province. As the size and scope of the group continued to grow, it was felt that becoming an official chapter of CHLA would provide contact with the other chapters and allow us to be more active at a national level. In November, several members worked together to draft the bylaws, which were ratified at a meeting in January 1985. At the February CHLA executive meeting the bylaws were approved and the Northern Alberta Health Libraries Association became an official chapter of the CHLA.

The executive is:
President: Donna Dryden, Charles Camsel Hospital
Vice President: Lea Starr, University of Alberta
Secretary: Francine Lapointe, Misericordia Hospital
Treasurer: Sandra Shores, University of Alberta

The membership at this time is between 35 and 40, with members from as far south as Red Deer and as far north as Fort McMurray. Our members work in a wide variety of health libraries, from hospital libraries to special libraries for the handicapped. We welcome anyone with an interest in health libraries and information.

The chapter has recently finished compiling information for an updated union list of serials. McAinsh is producing the list and will be providing future updates.

The chapter is assisting the Southern Alberta Health Libraries Association with registration for the upcoming CHLA conference in Calgary. We look forward to meeting members from other chapters at the conference.

Our annual Christmas gathering was held once again at the home of Kathy Sharma. Christmas cheer, good food and lively conversation were enjoyed by all.

Future interests the group is considering include topical meetings, lobbying, teleconferencing, improving quality of health information for rural centres, quality assurance, and consumer health.

See you at CHLA!

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NOVA SCOTIA HEALTH LIBRARIES ASSOCIATION (NSHLA)

SUBMITTED BY:

ELIZABETH FOY

Executive September 1984 - August 1985

President - Elizabeth Foy, W.K. Kellogg Health Sciences Library/Pharmacy, Dalhousie University.

Vice President - Patricia Maxwell, Nova Scotia Commission on Drug Dependency.

Secretary - Jackie MacDonald, W.K. Kellogg Health Sciences Library, Dalhousie University.

Past-President - Ann Manning, W.K. Kellogg Health Sciences Library, Dalhousie University.

Activities 1984/85

October 1984 - Business meeting and a report on her year-long leave in England by Linda Harvey, Kellogg Library.

November 1984 - Workshop on Interlibrary Loans presented by Frank Oram and Claire Morash, Nova Scotia Provincial Library, and Sandra Horrocks, Kellogg Library.

April 1985 - Business meeting and report on her six-month leave in Australia by Ann Manning, Kellogg Library.

Summer 1985 (proposed) - We plan to take a day-long trip to Nova Scotia's Annapolis Valley to visit Joyce Kublin, Valley Health Services, our region's first circuit rider librarian, and Chris Toplack, Librarian at the Efamal Research Institute, Kentville.

It was decided not to collect dues in 1984/85 because we did not update the "Hospital Libraries Directory of the Maritime Provinces" and therefore, did not need an influx of funds.

Issues number two and three of NSHLA News were published. Currently on our mailing list are 62 persons or institutions distributed as follows:

45 - Nova Scotia
13 - New Brunswick
3 - Prince Edward Island
1 - Newfoundland

Questions to be decided at the April 1985 meeting are whether to update the Directory and whether to change the Association's name to Maritime Health Libraries Association. A questionnaire has been sent to persons on the mailing list to help decide these issues.

NSHLA's continuing problems include low attendance at meetings, few persons willing to serve on the Executive, and a paucity of ideas for worthwhile projects to involve the membership.

In part, this is due to the fact that some of our original aims have been achieved, i.e., most Halifax-Dartmouth members are now familiar with the staff and resources of the local health sciences libraries because of our activities over the last few years.

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OTTAWA/HULL HEALTH LIBRARIES GROUP - LE GROUPE DES BIBLIOTHÈQUES DE LA SANTÉ D'OTTAWA/HULL

SUBMITTED BY:

MERLE McCONNELL, PRESIDENT

1984/85 Executive

President: Merle McConnell, Banting Research Centre Library, Health Protection Branch, Health & Welfare Canada

Secretary-Treasurer: Elizabeth Hawkins Brady, Canadian Nurses Association

Program Coordinator: Philip Allan, National Defence Medical Centre

1984/85 Program

In accordance with a decision made by the membership last year, three meetings were held this year, one of which was a social meeting:

1. September 13, 1984. Canada Institute for Scientific and Technical Information. A business meeting was held followed by a presentation of Envoy 100, Bell Canada's electronic messaging system.

2. December 7, 1984. Ottawa General Hospital. A presentation was given by Dr. Norman Ball of the National Museum of Science and Technology on the topic "Health Librarians and the History Business". Following Dr. Ball's presentation, refreshments were served and members had an opportunity to renew old acquaintances, make new ones, and exchange holiday greetings.

3. April 18, 1985. Banting Research Centre, Health & Welfare Canada. This meeting will include a business meeting and introduction of new executive followed by a presentation by Dr. J. Losos on the role of the Bureau of Infection Control, Health and Welfare Canada.

This was the first year for trying out the new format of having three meetings a year instead of five. There was a reasonably good turn-out for the first two meetings and the third has not yet been held.

The members of the in-coming 1985/86 executive are as follows:

President: Elizabeth Hawkins Brady, Canadian Nurses Association

Secretary-Treasurer: Linda Wheeler, Sport Information Resource Centre

Program Coordinator: Diana Karouba, Health Sciences Resource Centre, CISTI

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TORONTO HEALTH LIBRARIES ASSOCIATION

SUBMITTED BY:

JAN GREENWOOD, PRESIDENT

During the 1984-5 Association year, the number of THLA members has grown to a record 151, representing 84 institutions in the Toronto area. It is possible that the very diversity of this large chapter spawned the establishment this year of two special interest groups: one on "Hospital Library Quality Assurance" and another on "Microcomputers". Marjory Morphy of the North York General Hospital chairs the former, while Rita Shaughnessy of the University of Toronto's Department of Family and Community Medicine was the prime mover behind the latter.

Bev Brown, our President-Elect, has worked hard to plan a varied program designed to reflect the heterogeneous interests of our members. Kim Ball of the Women's Financial Planning Centre kicked off the year with a lively and informative seminar on personal money management. During November, the Canadian Memorial Chiropractic College hosted a showing of "Not a Love Story" as a postscript to Mary Brown's talk on censorship at the last annual dinner meeting. We have once more to thank the Ontario Cancer Institute for a successful Christmas party which included entertainment by the Traverston Band. Micromedia's Ulla de Stricker gave a presentation on the Knowledge Index in January and this has prompted a demand for two hands-on seminars now scheduled for April. The March 25 meeting of THLA will be held in Hamilton at the Canadian Centre for Occupational Health and Safety; Bonnie Bird is to host the meeting and Brian Morrison of the Ontario Ministry of Labour Library will demonstrate how to search the occupational health and safety literature. Dr. Joseph Levy of York University will be the guest speaker at the annual dinner meeting in May which is to be held at Toronto's new Convention Centre; Dr. Levy will be speaking on "Life Beyond the Illness Model".

1984-5 has been a busy year for the Executive. Not least of the items on the agenda has been the THLA Union List and consideration of whether it should be expanded to include the Science and Medicine holdings of the University of Toronto; the Executive continues to grapple with this question as the year draws to a conclusion. Terms of reference for each of the executive positions were drafted and the editorial team for THLA News was expanded to three people. The 1984-5 Executive members are:

President:	Jan Greenwood, Ontario Medical Association
President-Elect:	Beverly Brown, Canadian Memorial Chiropractic College Library
Past-President:	Elizabeth Uleryk
Secretary:	Lynda Baker, Health Sciences Library, McMaster University
Treasurer:	Catherine Weisenberger
Editors, THLA News:	Mary Boite, RNAO; Eva Gulbinowicz, Centre of Forensic Sciences; Rita Shaughnessy, Family and Community Medicine, University of Toronto

In conclusion, my grateful thanks are due the Executive for its hard work and to the members at large for their continued support and enthusiasm. It has been a pleasure to serve them. At the time of writing, the April 5 deadline for the 1985-86 THLA elections approaches and I look forward to handing over the presidency to Bev Brown's capable hands and hope that the new members of the team will find their respective roles as challenging and rewarding as I have found mine.

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CONSUMER HEALTH COMMITTEE

SUBMITTED BY:

LYNDA BAKER, CHAIRPERSON

The Guidelines for the Consumer Health Committee (CHC) were published in BMC Vol 6(2), 1984.

This year, the CHC is concentrating on the development of a "list of materials which address health and medical topics recommended for acquisition by non-health science librarians" (item 2.2.2 of the Guidelines). Each committee member is responsible for a specific medical speciality, and will submit an annotated list of books on the diseases associated with her area. Each member will also submit information on general topics, such as drugs and cancer, which are felt to be appropriate to the content of the bibliography.

The committee is trying to make the content as Canadian as possible, but there seems to be a dearth of such publications. Therefore, the only limiting factor is that the material be current. This bibliography will also include journals and pamphlets the reviewer deems worthwhile, as well as the names and addresses of Canadian societies/organizations where consumers could find more information on specific illnesses. Names and addresses of support groups will be included as well. Well-health material will round out this bibliography. Wendy Patrick (Nursing and Social Work Library, McGill) is the co-ordinator of the project.

Earlier this year, it was learned that the list of publications put together by the librarians in British Columbia could not form the basis for the project, since it is specific to the British Columbia area. Thus, it has been necessary to start over again. Work is progressing somewhat slowly, but it is hoped that a preliminary list of publications will be available by September, 1985. This will have to be a continuing project in order to keep the list up-to-date.

Two members of the Committee are due to retire in May 1985, and thus the Consumer Health Committee will be looking for replacements. It has been customary for the CHC to hold a meeting at the annual CHLA meeting, but I will be unable to attend the conference in Calgary. If anyone is interested in becoming a member of this Committee and/or of helping to compile the bibliography, please write to me at the following address:

Health Sciences Library
McMaster University
1200 Main Street West
Hamilton, Ontario
L8N 3Z5

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NEWS & NOTES

PEOPLE ON THE MOVE

CATHY QUINLAN has recently become Health Sciences Librarian at Memorial University, St. John's, Newfoundland. Prior to assuming the position, Cathy worked part time for the Memorial University Library System and served as Dental Librarian at W.K. Kellogg Health Sciences Library, Dalhousie, from 1980 through 1983.

MARY HEMMINGS has become Technical Services Librarian at the McGill Medical Library. Mrs Hemmings' previous experience was in the Cataloguing Department of Concordia University where she had been Cataloguing Librarian since 1980. She holds an undergraduate and Masters of Library Science from McGill University.

FAITH WALLIS recently became Assistant History of Medicine Librarian at the Osler Library, McGill University. Mrs. Wallis was previously a Reference Librarian at the McGill University Archives. She holds a Masters of Arts as well as a Master of Library Science from McGill University and is completing her Ph.D. from the Center for Mediaeval Studies of the University of Toronto.

ANN MANNING returned from a six month sabbatical in Australia on March 15th. **LINDA HARVEY**, who acted as Health Sciences Librarian during Ann's absence, has returned to her position as Head of the W.K. Kellogg Library Public Services Department.

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Nous apprenons l'élection de Monsieur **ROBERT AUBIN**, chef du service de la bibliothèque à l'hôpital Rivière-des-Prairies, comme président de l'Association des bibliothèques de la santé affiliées à l'Université de Montréal. C'est cette association qui permet un échange rapide et facile de livres et de revues entre les hôpitaux et l'université, qui a patronné la section sur les conférences dans le réseau Télidon Santé, et qui a obtenu que plusieurs hôpitaux bénéficient du catalogue sur microfiches de l'Université de Montréal. Durant son mandat, Monsieur Aubin mettra la priorité sur la mise en place d'un courrier électronique (système Envoy 100) pour une communication écrite instantanée entre les bibliothèques et sur la finalisation d'un catalogue collectif des périodiques pour l'ensemble des participants.

ROBERT AUBIN, Head of Library Services at the Rivière-des-Prairies Hospital, Montréal, has been appointed as President of the Association of Health Libraries affiliated with the University of Montréal. This Association facilitates rapid and convenient interlibrary loan transactions between the University and its affiliated hospitals, organized conferences in the Telidon Santé network, and obtained for several hospitals access to the University of Montréal's microfiche catalogue. While President of the Association, high priority projects for Mr. Aubin will be placing priority on the implementation of an electronic mail system (Envoy 100) for instant written communication between members, as well as on the completion of a union serials list for participating hospitals.

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NEW PUBLICATIONS

Prevention Now: a concept and practice./Prevenir maintenant - theorie et pratique. Ottawa: Health Services and Promotion Branch, Health & Welfare Canada, 1984. Available from: Dr. B. Wattie, Director, Mental Health Division, Health Services and Promotion Branch, Health and Welfare Canada, Ottawa, Ontario, K1A 1B4

Guide to Consumer Drug Advertising./Guide sur la publicité des medicaments à l'intention des consommateurs. Ottawa: Supply and Services Canada, 1984. Available for $4.95 ($5.95 foreign) from the Canadian Government Publishing Centre, Supply and Services Canada, Ottawa, Ontario, K1A 0S9

A completely new reference work, Health Sciences Information in Canada: Associations./ Information en Sciences de la santé au Canada: Associations is now available from CISTI. This work lists nearly five hundred Canadian associations in all areas of health science and provides a range of information on each association listed. The second volume in a series which began with Health Sciences Information in Canada: Libraries, this directory is available from CISTI Publications Section at a cost of $18.00 each, either prepaid by cheque or money order to the Receiver General of Canada or by existing deposit account.

A Separate and Special Place: The Queen Elizabeth Hospital by Barbara Lasenby Craig and Ronald K. MacLeod traces the development of Toronto's Queen Elizabeth Hospital through its 110 year history. This 150 page book includes an extensive photographic essay. Available for $29.95 plus $2.00 handling charge from: The Queen Elizabeth Hospital, 550 University Avenue, Toronto, Ontario, M5G 2A2, ATTN: J.B. Armstrong, V.P. Operations.

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The **CUMULATIVE INDEX TO NURSING AND ALLIED HEALTH (CINAHL)** is now available on line on BRS (code NAHL) and on dialog (file 218). Both vendors have indexing available from January, 1983 to present. DIALOG costs are $45.00 US per connect hour while BRS costs between $16.00 and $35.00 US per connect hour, depending on usage.

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A NOTE TO THE CHAPTERS . . . .

I would appreciate receiving all C.H.L.A. Chapters' membership lists to help in upgrading C.H.L.A. Membership information. Please send lists to: Linda Harvey, Chair, CHLA/ABSC Membership Committee, c/o W.K. Kellogg Health Sciences Library, Dalhousie University, Halifax, N.S. B3H 4H7.

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CLA 1985 TO HAVE NEW AND IMPROVED JOB MART SERVICE

From June 14 to June 17, there will be a new employment assistance service at the CLA Conference in Calgary. Organized and operated this year by members of the Library School Students'/New Librarians' Interest Group, the service will be available at the conference to both job seekers and prospective employers. Both requirements and qualifications of job seekers, and job vacancies will be posted. As well, appointments and interviews for interested parties will be set up. The Job Mart booth will be located near the CLA Registration Desk.

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CALL FOR PAPERS

Information, Communications and Technology Transfer will be the theme of the 43rd Conference and Congress of the International Federation for Documentation (FID) in Montreal, Canada, September 14-18, 1986. Proposed topics include new techniques for information handling and information transfer, advances in communications systems, advances in computer systems, electronic publishing, electronic document delivery systems and all aspects of technology transfer. The conference languages will be English and French. Original papers in either language are requested.

Authors are requested to submit six copies of a summary of a proposed paper to the conference chairman:

Mr. E.V. Smith, Director
CISTI, National Research Council of Canada
Ottawa, Ontario, Canada
K1A 0S2

Deadline: June 30, 1985

APPEL DE COMMUNICATIONS

Information, communications et transfert de la technologie constitueront le thème de la 43e Conférence et du Congrès de la Fédération internationale de documentation (FID) qui aura lieu du 14 au 18 septembre 1986 à Montréal, Canada. Les sujets proposés comprennent les nouvelles techniques pour le traitement et le transfert de l'information, les progrès des systèmes de communication et des systèmes informatiques, la publication électronique, les systèmes électroniques de fourniture de documents et tous les aspects du transfert de la technologie. Le français et l'anglais seront les langues officielles de la conférence. Nous demandons des communications originales dans l'une ou l'autre langue.

Les auteurs doivent présenter un résumé en six exemplaires d'une communication proposée au président de la conférence:

M. E.V. Smith
ICIST, Conseil national de recherches du Canada
Ottawa, Ontario, Canada
K1A 0S2

Date limite: le 30 juin 1985

CISTI'S LOSS IS NLM'S GAIN

Ms. Eve-Marie Lacroix, the Head of CISTI's Information Services Section has recently accepted a position with the U.S. National Library of Medicine. Effective 1 March 1985, Eve-Marie assumed her responsibilities as Chief, Reference Services Division.

Many health librarians became acquainted with Eve-Marie when she was Head of CISTI's Health Sciences Resource Centre between 1977 and 1980. Her work in this position will continue to benefit Canadian health libraries for years to come. Notable achievements include preparation of the first edition of the directory Health Sciences Information in Canada : Libraries and the introduction of MEDLARS training courses given outside Ottawa.

Your Canadian friends wish you every success in your new endeavors, Eve-Marie.

B.A.S.

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TORONTO FORMS QA INTEREST GROUP

The recently formed **THLA Hospital Library Quality Assurance Group** has met 5 times during the 1984-5 year and is chaired by Marjory Morphy of North York General Hospital. Terms of reference for the group have been established and tentative agendae for the monthly meetings have been set for the coming year. Thus far the group has focussed primarily upon user audits or surveys and position descriptions. Further information may be obtained from the Secretary, Jan Greenwood of the Ontario Medical Association.

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UPCOMING MEETINGS

WHAT: **31ST INSTITUTE ON HOSPITAL AND COMMUNITY PSYCHIATRY**

The Institute on Hospital and Community Psychiatry is an annual four-day multidisciplinary meeting fostering staff development for clinicians, administrators and educators in public and private psychiatric settings. These Institutes, sponsored by the American Psychiatric Association, have been held since 1949. Each year the Institute focuses on a timely theme and other high priority topics that are developed through lectures, workshops and courses.

WHEN: **October 13-17, 1985**

WHERE: Montreal (Quebec)
Queen Elizabeth Hotel

FOR INFORMATION: Ms. Sandra M. Hass
Institute Coordinator
American Psychiatric Association
1400 K Street, N.W.
Washington, D.C. 20005, U.S.A.
Tel.: (202) 682-6174

5TH INTERNATIONAL CONGRESS ON MEDICAL LIBRARIANSHIP

- IRWIN H. PIZER
CHAIRMAN

The Program Committee selected the papers which will be presented at the Congress, and all of the authors have now been notified that their papers have been accepted. More than 138 papers from authors in some 39 countries. An impressive group of keynote speakers have also been invited and their papers will be discussed by an equally distinguished group of respondants. The JOC is in the final stages of preparing the Abstract volume which will be issued at the end of December and sent to registrants as their applications are processed.

We are pleased to annouce that support for the Congress has been received from many sources. The International Federation of Library Associations and Institutions and the World Health Organization, as co-sponsors have been making substantial contributions of services and money to defray organizational costs. WHO is also planning to bring its regional librarians to Tokyo to participate in the Congress and in a pre-Congress workshop. The Canadian Health Libraries Association has received a grant from the Canadian International Development Agency and the National Library of Medicine has provided funds for the International Organizing Committee to defray organizational and operational costs. The Medical Library Association is making a major contribution by preparing the one-day continuing education courses, and subsidizing their cost so that only a minimal registration fee needs to be paid by delegates wishing to enroll. The contributions of the host organization, the Japan Medical Library Association, are, of course, enormous. Other organizations, such as F.W. Faxon, Inc. have also made important contributions to the organizational costs of the Congress, and the British Council has also offered support.

An exhibit program featuring some 45 exhibitors which will show services, equipment and materials will be one of the highlights of the Congress.

Travel grants will be available on a limited basis - unfortunately, it is not ever possible to obtain as much money as would be needed to help to bring all interested persons to the Congress. Applications for these grants were mailed with the registration materials and should be returned as quickly as possible. Persons eligible for travel subventions must come from developing countries. Preference will be given to librarians who are in charge of national or regional health library cooperative activities; or who will be presenting a paper or chairing a program session; and who are able to meet part of the travel and/or per diem costs. The IOC, which will review the applications and make the grant awards, will give careful consideration to geographical distribution of the recipients. Registration materials and travel grant application forms are available from the Congress Secretary General, at the following address:

The Japan Organizing Committee
c/o Medical Library and Information Center,
Keio University,
35 Shinanomachi, Shinjuku-ku
Tokyo 160, Japan

The IOC has accepted the invitation of the Medical Library Association of India to hold the 6th International Congress on Medical Librarianship in New Delhi in September/October 1990.

Come to Tokyo! Experience the sights and sounds of a beautiful culture which will be new to many of us. The Congress provides an opportunity for exchange of information, the making of new friends and re-meeting old ones, and to see libraries and learn new ways of doing things. It is an opportunity which will not come again for five years.

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THIRD BIENNIAL SYMPOSIUM ON HEALTH SCIENCE INFORMATION

Sponsored by: The Dr. George S. Williamson Health Sciences Library
Ottawa Civic Hospital

Speakers: Dr. Homer Warner
Chairman, Dept. of Medical Biophysics & Computing
University of Utah School of Medicine
Author of HELP system
Health Evaluation through Logical Processing
(one of the first artificial intelligence systems)
see: Jrnl of Med. Systems 7(2), 1983, 87-102

and

Naomi C. Broering
Chief Librarian, Dahlgren Memorial Library
The Medical Centre, Georgetown University, Washington, D.C.
Author of Syllabus: Computers & Libraries, a Managment Seminar for IAIMS Symposium

The purpose of the Symposium is to inform health care personnel about developments and trends in information management and services in Health Science Centres and Libraries.

Each speaker will have a one-hour session, addressing the general audience of medical and para-medical personnel.

Following lunch, both speakers will meet with librarians and library personnel to deal with issues related to library/information services.

Registration fee $50.00. Further information from:

Miss M. Brown, Director of Library Services
Ottawa Civic Hospital
1053 Carling Avenue
Ottawa, Ontario
K1Y 4E9
Telephone: (613) 725-4459

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LA JOURNEE D'ÉTUDE ORGANISEE PAR LE GROUPE D'INTÉRÊT DES BIBLIOTHÈQUES DE LA SANTÉ DE L'ASTED

SOUSMIS PAR:
LOUISE DESCHAMPS

INFORMATISATION DE LA BIBLIOTHÈQUE MÉDICALE

Vous êtes invités à participer à la journée d'étude organisée par le groupe d'intérêt des bibliothèques de la santé de l'Asted qui aura lieu le vendredi 10 mai 1985 à l'Hôpital Notre-Dame et qui portera sur l'INFORMATISATION DE LA BIBLIOTHEQUE MEDICALE.

COUT: $20.00 pour les membres de l'Asted
$35.00 pour les non membres

PROGRAMME

8h45 à 9h15 : Inscription

9h15 à 10h15 :
- Exposé théorique sur la microinformatique (vocabulaire de base, micro-ordinateurs, périphériques, logiciels) et sur ses applications dans le domaine des bibliothèques (opérations courantes, catalogue, télé-référence, etc.)
- Période de questions

Personne ressource : monsieur Jean-Jacques Chailloux
Ecole de bibliothéconomie, Université de Montréal.

10h15 à 10h30 : Pause-café

10h30 à 12h30 :
- Témoignages d'expériences concrètes d'informatisation : démarches à entreprendre, étapes à franchir, bilan.

  Personnes ressources : -monsieur André Allard
  Bibliothèque médicale, Hôpital Notre-Dame
  -madame Elaine Waddington
  Bibliothèque, Women's Pavilion, Royal Victoria Hospital

- Télé-référence et microinformatique

  Personne ressource : monsieur Gilles Chaput
  Direction des bibliothèques, Université de Montréal

- Evaluation des systèmes informatisés

  Personne ressource : monsieur Gilles Chaput

- Table-ronde animée par monsieur Robert Aubin. Ses invités: messieurs André Allard, Jean-Jacques Chailloux, Gilles Chaput et madame Elaine Waddington

12h à 13h30 : Dîner à la cafétéria de l'hôpital Notre-Dame, pour ceux qui le désirent.

L'après-midi sera consacré aux LOGICIELS D'INFORMATISATION D'UN CENTRE DE DOCUMENTATION SPECIALISE.

13h30 à 14h15 : - Inmagic (version personnelle)
- Période de questions

Personne ressource: monsieur Normand Gagnon
Commission des valeurs mobilières

14h15 à 15h30 : - Micro-Questel
- Période de questions

Personne ressource : monsieur Michel Breton
IST Informathèque

15h30 à 15h45 : Pause-café

15h45 à 17h00 : - Lubie
- Période de questions

Personne ressource : monsieur Georges Cowan
Informa-Log Inc.

POUR DE PLUS AMPLES RENSEIGNEMENTS VOUS POUVEZ COMMUNIQUER AVEC :

Madame Louise Deschamps
Bibliothèque médicale
Hôpital Notre-Dame
C.P. 1560, Station C
Montréal, Québec
H2L 4K8
(514) 876-6862

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POSITIONS AVAILABLE

BLUEVIEW CHILDREN'S HOSPITAL - HEALTH SCIENCES LIBRARIAN

Blueview Children's Hospital, Toronto, invites applications for the newly created half-time position of Health Sciences Librarian. The hospital provides long-term care to disabled children and has extensive ties with the Hospital for Sick Children, the Hugh McMillan Centre, and the University of Toronto.

The librarian will be responsible for the planning, organization and promotion of the Health Sciences Library, including policy formulation, collection development and budget preparation and control. Applicants should have an M.L.S. from an accredited library school, significant administrative experience and background in the health sciences. Please submit resumé to:

Mrs. Marjorie Parker,
Director of Human Resources
Blueview Children's Hospital
25 Buchan Court
Willowdale, Ont.
M2J 4S9

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HEAD, TECHNICAL SERVICES, HEALTH SCIENCES LIBRARY, MEMORIAL UNIVERSITY

Applications are invited for the position of Head, Technical Services, Health Sciences Library, Memorial University of Newfoundland. This is a sabbatical replacement and the appointment will be made on a one year contractual basis (July 1, 1985 -- Sept. 1, 1986).

This position carries responsibility for all cataloging, acquisitions and serials operations. It also involves some original cataloging, supervision of 9 FTEs and active participation in library planning and decision-making.

In addition to an accredited MLS, further requirements include cataloging and supervisory experience, familiarity with NLM and MeSH, knowledge of serials and acquisitions and previous experience with UTLAS' CATSS II system. Salary will be commensurate with experience.

Please send resume and the names of three references to C. Quinlan, Health Sciences Librarian, Health Sciences Library, Faculty of Medicine, Memorial University of Newfoundland, St. John's, Newfoundland, A1B 3V6 by May 31, 1985.

In accordance with Canadian Immigration requirements this advertisement is directed in the first instance, to Canadian citizens and permanent residents.

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REFERENCE LIBRARIAN/CATALOGUER, HEALTH SCIENCES LIBRARY, MEMORIAL UNIVERSITY

Applications are invited for the position of Reference Librarian/Cataloguer in the Health Sciences Library, Memorial University of Newfoundland. The appointment will be made initially on a three-year contractual basis and is renewable.

Seventy percent of the time will be spent in Public Services with the remainder being spent in Technical Services. The Library owns two microcomputers and a major responsibility of this position is to act as a resource person with regard to their applications within the Library. Further responsibilities include staffing the Information Desk, providing on-line search services and answering Regional Loan Service enquiries. Some original cataloguing using MeSH and NLM schedules is also required.

In addition to an accredited MLS, further desireable requirements include knowledge of or willingness to learn about library applications of microcomputers, cataloguing experience, familiarity with NLM and MeSH and reference experience. Previous medical library experience as well as familiarity with UTLAS' CATSS II system are definite assets. Recent library school graduates are encouraged to apply.

Please send resume and the names of three references to C. Quinlan, Health Sciences Librarian, Health Sciences Library, Faculty of Medicine, Memorial University of Newfoundland, St. John's, Newfoundland, A1B 3V6, by June 30, 1985.

In accordance with Canadian Immigration requirements this advertisement is directed to Canadian citizens and permanent residents.

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ADVERTISEMENT

The Bibliothèque de la Santé de l'Université de Montréal is looking for a used Roneodex visible card cabinet, with either 10 or 14 drawers for cards 5" x 8", mounted on metal holders.

If you intend to get rid of such a cabinet, please contact :

La Bibliothèque de la Santé de l'Université de Montréal cherche à se procurer d'occasion un meuble "Roneodex à fiches visibles" de 10 ou 14 tiroirs, pour fiches 5" x 8" montées sur tringles de métal.

Si vous désirez vous départir d'un tel meuble, veuillez communiquer avec :

Diane R. Clerk
Chef de service interne
Bibliothèque de la Santé
Université de Montréal
C.P. 6128, succ. "A"
Montréal, H3C 3J7
tél: (514) 343-7918

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Halifax, Nova Scotia
B3H 4H7

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Health Sciences Centre
700 McDermot Avenue
Winnipeg, Manitoba
R3E OT2

Ms. CATHERINE WEISENBERGER
William Boyd Library
Academy of Medicine
288 Bloor Street
Toronto, Ontario
M5S 1V8

Bibliotheca Medica Canadiana

ERRATUM BMC Subject Index, Vol. 4-6, 1982-85

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